

**Centennial Summer Course Request**



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| **Student Name:** | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | **Grad Year:** | | \_\_\_\_\_\_\_\_\_\_\_\_\_ | |
| **Counselor Name:** | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | **Grade:** | | \_\_\_\_\_\_\_\_\_\_\_\_\_ | |
| **Student Email:** | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | |
| **Parent Email:** | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | |
| **Check all that apply to student requesting course:** | | Free/Reduced Lunch | 504 | ESOL | IEP | TAG |

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| **Selected Online Provider** | | **Name of Course and Provider** | | | **Section of the Course:** | | **Semester:** |
| Fulton Virtual School (FVS)  [**https://fulton.geniussis.com/**](https://fulton.geniussis.com/)  Georgia Virtual School (GAVS)  [**www.gavirtualschool.org**](http://www.gavirtualschool.org)  Face to Face  [**www.fultonsummer.geniussis.com**](http://www.fultonsummer.geniussis.com) | |  | | | A/Sem 1 Content  B/Sem 2 Content  AB/Yearlong Content | | Summer |
| *Counseling Office Use Only:* | **APPROVED**  \*Go online to register for the course | | **DENIED**  (see counselor notes) | Counselor Initial: \_\_\_\_\_\_\_\_ | | Date: \_\_\_\_\_\_\_\_\_\_\_ | |

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|  | **Student Initial** | **Parent Initial** |
| *I understand that grades earned after the provider’s drop date will be posted on the student’s official Centennial transcript (both passing and failing) and will be factored into the overall GPA.* |  |  |
| *I understand that online classes are just as rigorous, if not more so, than face-to-face classes.* |  |  |
| *I understand that online classes require students to spend at least 3 hours per day on coursework for each semester long online class.* |  |  |
| *I understand that online courses require me to be self-directed, self-disciplined, and to work independently in order for me to be successful in the class.*   * *I understand that the student is responsible for following and keeping up with the online course syllabus, as provided by the online teacher* |  |  |
| *I understand that online courses are taken externally and not part of Centennial High School.*   * *All concerns and issues should be addressed directly with the teacher of the online course.* * *Questions about progress grades, class assignments, and final exams should be directed to the teacher of the online course. Centennial does not have access to this information.* * *Phone and email contact information for online teachers are available via the student’s online class portal.* |  |  |

***My signature below indicates I am releasing Fulton County Schools of any responsibility for the student choosing to participate in summer courses. I have read and agree to the conditions set forth by Centennial HS and Fulton County Schools.***

**Student Signature:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Date: \_\_\_/\_\_\_/\_\_\_\_**

**Parent Signature:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Date: \_\_\_/\_\_\_/\_\_\_\_**

***COMPLETE & TURN IN TO THE COUNSELING OFFICE***

***You will be notified by counseling if your request has been approved/denied.***