



ROUTE:

- High School Counselor
- High School Principal
- Assistant Superintendent
- Counselor / Registrar / Parent

21f Online Learning Request

Student Name: _____ e-mail: _____

Address: _____ GHHS Student #: _____

Grade: _____

Phone Number: _____ Counselor: _____

To be completed by student and parent/guardian

1. Follow ALL of the steps for enrollment as listed under the Online Learning Tab, which is part of the Academics section of the High School webpage. ghhs.ghaps.org
2. Print and complete the Online Learning Questionnaire, attach to this application.
3. Print and complete the Online Learning Application, attach to this application.
4. Name of Course #1 _____
 Semester 1 Semester 2 Summer Term (Family Responsible for tuition)
5. Name of Course #2 _____
 Semester 1 Semester 2 Summer Term (Family Responsible for tuition)

Student Signature: _____

Parent / Guardian Signature: _____

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1. Grade in the fall of school year requested: 7 8 9 10 11 12
2. Course requested meets Michigan Merit Curriculum Graduation Requirement: Yes No

This 21f Online Learning Request is: Approved Not Approved

Comments:

High School Principal Signature: _____ Date: _____

Grand Haven Area Public School: will will not be responsible for tuition.

School Official Signature: _____ Date: _____
Assistant Superintendent of Human Services



ONLINE LEARNING APPLICATION FORM

Student Name:		Date:
Date of Birth:	Grade (5-12)/ school year when taking online course: Grade: _____ School Year: _____	
Student Building of Enrollment:	Student IEP? YES NO	Student 504? YES or NO
Address:		
Student E-Mail:	Student Signature:	
Parent E-Mail:	Parent Signature:	
COURSE INFORMATION		
Course #1 Title:	Subject: <input type="checkbox"/> Math <input type="checkbox"/> ELA <input type="checkbox"/> Science <input type="checkbox"/> Social Studies <input type="checkbox"/> Other _____	
Course Provider: MICHIGAN VIRTUAL	Semester: <input type="checkbox"/> 1 st <input type="checkbox"/> 2 nd <input type="checkbox"/> Summer (family responsible for full payment)	
<input type="checkbox"/> Is class aligned with NCAA? YES or NO <input type="checkbox"/> Is class aligned with the MMC? YES or NO <input type="checkbox"/> Is the class aligned with student's goal for graduation? YES or NO <input type="checkbox"/> Does the student possess the prerequisite skills for this course? YES or NO <input type="checkbox"/> Is the rigor of this course sufficient for preparing students to be College, Career and Life ready? YES or NO		
Course #2 Title:	Subject: <input type="checkbox"/> Math <input type="checkbox"/> ELA <input type="checkbox"/> Science <input type="checkbox"/> Social Studies <input type="checkbox"/> Other _____	
Course Provider: MICHIGAN VIRTUAL	Semester: <input type="checkbox"/> 1 st <input type="checkbox"/> 2 nd <input type="checkbox"/> Summer (family responsible for full payment)	
<input type="checkbox"/> Is class aligned with NCAA? YES or NO <input type="checkbox"/> Is class aligned with the MMC? YES or NO <input type="checkbox"/> Is the class aligned with student's goal for graduation? YES or NO <input type="checkbox"/> Does the student possess the prerequisite skills for this course? YES or NO <input type="checkbox"/> Is the rigor of this course sufficient for preparing students to be College, Career and Life ready? YES or NO		
Reason for Interest in Online Course (check all that apply)		
<input type="checkbox"/> Accelerated Learning <input type="checkbox"/> Credit Recovery <input type="checkbox"/> Course not offered at GHAPS <input type="checkbox"/> Long term suspension/expelled <input type="checkbox"/> Working Student <input type="checkbox"/> Social/emotional/family issues <input type="checkbox"/> Medical situation <input type="checkbox"/> Other - please specify _____		
<input type="checkbox"/> I have read the course syllabus for each course selected and understand that by requesting the course, I may be responsible for paying a portion of the cost of the course including required resources. I am solely responsible for the completion of this course; my score earned in this course will be transferred into a grade and will appear on my transcript (HS course). My failure of any online course prevents me from registering for an online course in the future. Refunds are not provided for incomplete or failed courses.		
Students Initials _____		Parents Initials _____
This online learning course: <input type="checkbox"/> Recommended <input type="checkbox"/> Not Recommended		
Counselor Name:	Counselor Signature:	
This online learning course: <input type="checkbox"/> Approved <input type="checkbox"/> Not Approved		
Administrator Name:	Administrator Signature:	

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Date Received:	Meeting Date:
Course #1 Approved: <input type="checkbox"/> YES <input type="checkbox"/> NO	Student Enrolled Course #1: <input type="checkbox"/> YES <input type="checkbox"/> NO
Course #2 Approved: <input type="checkbox"/> YES <input type="checkbox"/> NO	Student Enrolled Course #2: <input type="checkbox"/> YES <input type="checkbox"/> NO

GHAPS Online Course Request Cost Worksheet			
Student Name:			
Grade:	Building:		
Semester:	1 st	2 nd	Summer
Course Name:			
Offered By:			
Content Provider:			
Instructor Provider:			
Course Number:	GHHS Max: \$600		
Cost of Course:	Additional Cost:		
80% Initial Payment:			
20% Final Payment:	Course Passed or Completed?		
	YES	NO	
Total District Cost:	Parent Cost:		

GHAPS Online Course Request Cost Worksheet			
Student Name:			
Grade:	Building:		
Semester:	1 st	2 nd	Summer
Course Name:			
Offered By:			
Content Provider:			
Instructor Provider:			
Course Number:	GHHS Max: \$600		
Cost of Course:	Additional Cost:		
80% Initial Payment:			
20% Final Payment:	Course Passed or Completed?		
	YES	NO	
Total District Cost:	Parent Cost:		