

**CLAWSON PUBLIC SCHOOLS  
21F ON-LINE CLASS ENROLLMENT FORM**

APPLICANT INFORMATION		
Student:	Building:	
Date of Birth:	Current Grade Level:	
Address:		
City:	State:	Zip Code:
Student Email:	Student Cell #:	
Counselor Name:		
COURSE INFORMATION		
For the <u>  </u> <u>  </u> School Year	Semester: <input type="checkbox"/> 1 <sup>st</sup> or <input type="checkbox"/> 2 <sup>nd</sup> <input type="checkbox"/> Full Year (Elem. / Middle)	
Subject:	Course Title:	
Offered by:	Course Cost:	
This course will be in lieu of:		
PARENT INFORMATION		
Parent Name:	Phone:	
Parent Email:		
Parent Signature:	Date:	



FOR OFFICE USE ONLY	
Date Received:	Course Approved: <input type="checkbox"/> Yes <input type="checkbox"/> No
Course Title and Provider Name:	
Placement Approved: <input type="checkbox"/> Yes <input type="checkbox"/> No	Student Mentor:
Student Enrolled: <input type="checkbox"/> Yes <input type="checkbox"/> No	Final Course Grade:
Total Cost (including materials):	Approved by