



Part-time Secondary Student Application (Secondary Enrollment – one or two courses)

Students: Please fill out the top of the application and submit to the counselor at your home school. *Second semester Seniors need to be aware that the end of the eDCSD semester may be after the brick and mortar school's last day for Seniors and they must make arrangements to complete the course early.*

Note: Receipt of this application does not guarantee enrollment. See our website (www.edcsd.org) for quarterly enrollment dates and availability. Please contact us 303-387-9461 if you have not received confirmation of enrollment one week after submission of this application.

Student Name: _____ Grade Level: _____

Brick & Mortar School: _____ Student ID: _____

Contact Information: **Please Print Clearly** we will send important login information to your e-mail address.

Student e-mail Address (Required): _____

Parent e-mail Address (Required): _____

Parent Phone Number: _____

Please list your desired classes and course number here:

Semester 1	Semester 2

Is student currently on an Individualized Education Plan? ___ Yes ___ No

Is student currently on a 504? ___ Yes ___ No

Rank each attribute as it applies to you on a scale of 1 low to 5 high:

_____ Ability to work independently	_____ Self-disciplined	_____ Self-advocate
_____ Motivated	_____ Organized	_____ Excellent follow through
_____ Possess basic computer knowledge	_____ Self-directed	_____ Able to stay on task

I recognize that I need to dedicate adequate time (approximately 1 hour per course each day) and submit a minimum of one assignment per course each week to be counted present for attendance. *I also recognize that I cannot drop any class more than two weeks following enrollment without receiving a withdrawal fail (WF) on my transcript. Any request for withdrawal must be made in writing.*

_____ Student Signature	_____ Parent Signature	_____ Date
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Dear Counselor:

Please review the information above and submit this form and a copy of the student's schedule to the CO Cyber School Registrar either by scanning and e-mail to co cyberadmissions@dcsdk12.org, inter-district mail, or fax to our office at 303-387-9544.

I have reviewed the information above, discussed requirements (time commitment, attendance and add/drop policy) and agree with the class choice:

_____ Counselor's Name (please print)	_____ Counselor's Signature	_____ Date
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Office Use: Signature Check ___ Notify Learning Specialist ___ Secondary Line of Enrollment Added ___ Course Scheduled ___ Counselor/Sec. Notified ___