



High School: _____

First Name: _____ Last Name: _____

Technical Program: _____ AM or PM

Parent/Guardian Name: _____ email: _____

Academic Course Requested (Please identify time requested and semester Course)

7:20-8:05 A.M. <input type="checkbox"/>	_____ Algebra II A	_____ Algebra II B	
11:05-11:50 A.M. <input type="checkbox"/>	_____ Geometry A	_____ Geometry B	
11:55 – 12:40 P.M. <input type="checkbox"/>	_____ Math of Finance A	_____ Math of Finance B	_____ Personal Finance

Counselor Section

This student needs to take math at Southern Tech. I have marked above which class the student needs. Please check the box below letting me know if the student has an IEP or not.

IEP yes no



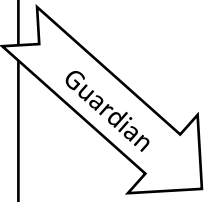
Counselor: _____ Date: _____

Student and Parent/Guardian Agreement

- Student:
1. I agree to abide by Southern Tech attendance policy. (Lack of Attendance will result in withdrawal from the course)
 2. I agree to maintain adequate progress on the course assigned.

Parent/Guardian

3. I understand my child is enrolling for academic math credit at Southern Tech
4. I agree to help my student make it to class on time.
5. I agree to make sure my students watch videos nightly to stay up with the syllabus.



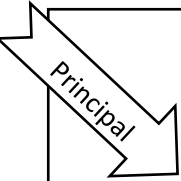
Parent/Guardian: _____ Date: _____

Student: _____ Date: _____

Principal Agreement

Principal:

I agree to transcript the letter grade and course credit earned when the student course is finished.



Principal: _____ Date: _____