

EXTENDED LEARNING OPPORTUNITY – APPLICATION

See Also: Policy IHBH

Request for Approval of Extended Learning Opportunity Program of Study

Student: _____ Current Grade: _____ Application Date:

Course/Program to be taken and course number:

Semester/Year course is to be taken: _____

School: _____ Location:

Course description: (Please attach)

Reason for request (check all appropriate boxes):

Review for credit/summer school (make-up course work for a previously failed course)
Failed course: _____

Advanced course level in a given sequence for upcoming school year

Name of (DISTRICT SCHOOL) equivalent course:

Earn additional high school credit (check all appropriate options)

_____ College course work for high school credit

_____ College course work for the alternate graduation option

_____ Independent study

_____ Distance Learning course work (online or virtual high school)

_____ Request for credit to be utilized for early graduation

Other:

Rationale for request: (Attach pages if necessary.) _____

If course is approved, _____ credits will be awarded upon proof of successful completion.

Student Signature: _____ Date: _____

Parent/Guardian Signature: _____ Date: _____

School Counselor Signature: _____ Date: _____

Principal Signature: _____ Date: _____

Copy to: Student/Parent Student File Guidance Counselor

Colebrook School Board: Adopted – May 5, 2020

Pittsburg School Board: Adopted – May 11, 2020

Stewartstown School Board: Adopted – May 4, 2020