

STUDENT INFORMATION						School Year
<i>Last Name</i>	<i>First Name</i>	<i>MI</i>	<i>Suffix</i>	<i>Date of Birth</i>	<i>Primary Phone</i>	<i>Student Email</i>
PARENT INFORMATION						
<i>Names(s)</i>	<i>Mailing Address</i>			<i>City</i>	<i>Zip</i>	<i>Parent Email</i>

IMPORTANT – Parent/guardian and student notice of rights and responsibilities regarding program enrollment

1. All parents and students in correspondence programs have the same right to access the district appeal process as parents and students in other district programs (4 AAC 33.421). This includes, but is not limited to, **special education** (4 AAC 33.432).
2. All enrolled students, including part-time students, are **required to participate in statewide student assessments** (4 AAC 33.421).
3. Courses receiving an “incomplete” may not be counted towards credit for enrollment requirements (4 AAC 33.426).
4. Parents must disclose enrollment for all other education institutions, including private schools, to ensure the student is not concurrently enrolled in a substantially similar course (4 AAC 33.430).
5. All textbooks and other curriculum materials must be aligned with state standards, comply with regulatory requirements, and be reviewed by a certified teacher (4 AAC 33.421).
6. All non-expendable materials remain the property of the school district and must be returned to the district (4 AAC 33.422).
7. All expenditures related to the student must be directly tied to a specific course with a need addressed in the ILP (4 AAC 33.422).
8. Monthly contact with the parent/student is required (4 AAC 33.421).
9. A quarterly review of the student’s progress with the parent/student is required (4 AAC 33.421).
10. A grade or other determination of course progress as determined by the certified teacher responsible for the course (4 AAC 33.421).
11. This plan may provide for review and consideration of any recommendations submitted by the parent or student (4 AAC 33.421).

Your signature indicates: you are aware of this information; you accept responsibility for ensuring your student is aware of their rights and requirements; you agree to all requirements; and you confirm that the information provided is true and accurate the best of your knowledge.

<i>Parent Signature</i>	<i>Parent Signature</i>	<i>Date</i>	<i>Contact Teacher Signature</i>	<i>Contact Teacher Name (Print)</i>
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<p>DISTRICT USE</p> <table style="width: 100%; border: none;"> <tr> <td style="width: 25%;">State of AK ID:</td> <td style="width: 10%;"></td> <td style="width: 10%;"></td> <td style="width: 10%;">FTE:</td> <td style="width: 10%;">1</td> <td style="width: 10%;">.75</td> <td style="width: 10%;">.5</td> <td style="width: 10%;">.25</td> </tr> <tr> <td>Computer Issued:</td> <td>Yes</td> <td>No</td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>Out of District:</td> <td>Yes</td> <td>No</td> <td>Siblings Enrolled:</td> <td>Yes</td> <td>No</td> <td></td> <td></td> </tr> <tr> <td>Dual Enrollment:</td> <td>Yes</td> <td>No</td> <td>Graduation Track:</td> <td>Yes</td> <td>No</td> <td></td> <td></td> </tr> </table>	State of AK ID:			FTE:	1	.75	.5	.25	Computer Issued:	Yes	No						Out of District:	Yes	No	Siblings Enrolled:	Yes	No			Dual Enrollment:	Yes	No	Graduation Track:	Yes	No			<p>SPECIAL EDUCATION</p> <p>IEP Expiration Date:</p> <p>ESER Expiration Date:</p> <p>Disability:</p> <p>Assessment Accommodations:</p>
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SUBJECT:	½ Credit Fall	½ Credit Spring	Other:
Curriculum Materials: Please indicate titles(s) , publisher; Add the material level (if specific). Include texts, videos, tutoring, etc.			
Source of Credit: <i>Vendor:</i>			Estimated Cost:
Topics: This should include all major topics to be covered in the course.			Teacher of Record:
Method of Assessment: <i>Quizzes/ Tests Learning Journal Oral Review/Presentations Guided Practice Portfolio Projects</i> <i>Other:</i>			
Planned Activities: Describe the activities planned and any facilities, tutoring, special materials, etc. to be used.			
Grading Scale/Goals: Explain what the student will be able to do as a result of the course. Include special tasks.			

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QUARTERLY PROGRESS REPORTING

Date Completed	Completed By	Notes	Follow-Up Required?
1st Quarter Date:			
2nd Quarter Date:			
3rd Quarter Date:			
4th Quarter Date:			

MONTHLY CONTACT LOG

Date Completed	Completed By	Notes	Follow-Up Required?
SEP			
OCT			
NOV			
DEC			
JAN			
FEB			
MAR			
APR			

INVENTORY OF NON-CONSUMABLE ITEMS

<i>Item</i>	<i>Related Course</i>	<i>ID #</i>	<i>Condition OUT</i>	<i>Condition IN</i>	<i>Date Returned</i>
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DUAL ENROLLMENT - *If the student is enrolled in any other public education program this form must be completed.*

School Name:

Address:

Phone Number:

Fax Number:

City:

Zip:

This section must be completed by the other public education program administrator

Please indicate the FTE your district is declaring for the ADM report: .75 .5 .25

Please list subjects the student is taking with your school district:

Credit Hours

- 1.
- 2.
- 3.

Signature

Printed

Name

Title

Date

Completed

This section must be completed by the Parent and assigned Certified Teacher

Please indicate the FTE the Correspondence Program is declaring for the ADM report: .75 .5 .25

Please list subjects the student is taking with this Correspondence Program:

Credit Hours

Check for Previous Courses

- 1.
- 2.
- 3.
- 4.
- 5.
- 6.

PRIVATE SCHOOL – *If the student is enrolled in a private, non-public funded education institution, this section must be completed*

School Name:

Address:

Phone Number:

Fax Number:

City:

Zip:

Please list subjects the student is taking with this private, non-public funded education institution:

Credit Hours

Check for Similar Courses

- 1.
- 2.
- 3.
- 4.
- 5.
- 6.