

Regional Alternative School  
Single Credit Course Program (Classroom/Virtual/SCORE)  
Registration Form

*Please fill out completely*

Student Name \_\_\_\_\_ Home School \_\_\_\_\_

Street Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Birth date \_\_\_\_\_ Gender \_\_\_\_\_ Ethnic Origin \_\_\_\_\_ Free/reduced lunch    yes    no

Parent/Guardian Name \_\_\_\_\_ Phone \_\_\_\_\_

Emergency Phone \_\_\_\_\_ E-mail address \_\_\_\_\_

Year in School \_\_\_\_\_ Credits towards graduation \_\_\_\_\_

**REGISTRATION:** \$25 dollar fee will be collected upon acceptance into the program.

**COURSES OFFERED (VIRTUAL/SCORE):** <http://www.rasblm.org/APEXcourseDescriptions.pdf>

<u>Meeting Time/Days</u>	<u>Classroom Courses (Math/English)</u>	<u>Credit</u>
Monday/Wednesday 4:00-6:00 pm	_____	_____
	<u>Virtual Courses</u>	
Mondays/Wednesdays 4:00-6:00 pm	_____	_____
	<u>SCORE Courses</u>	
Set by home school	_____	_____

Is this the 1<sup>st</sup> attempt at this course or a credit recovery class? (Virtual/SCORE)

Initial credit

Credit recovery

**If credit recovery:**

Class Title	Where was course most recently attempted	Semester and Year course attempted
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\_\_\_\_\_  
Student signature

\_\_\_\_\_  
Parent/Guardian signature

\_\_\_\_\_  
Home School Administrator/Counselor signature

\_\_\_\_\_  
Student SIS#

**In the last semester, # of :**

**Excused Absences** \_\_\_\_\_

**Unexcused Absences** \_\_\_\_\_

**Days Enrolled** \_\_\_\_\_

Registration forms will be processed on a first come basis beginning at 1:00 on August 30<sup>th</sup> for the fall semester and at 1:00 on January 11<sup>th</sup> for the second semester for Classroom/Virtual Courses. SCORE registration is ongoing.

\*\*\*Registration forms mailed-in will be processed after all walk-in registrations are completed for Classroom/Virtual Courses\*\*\*

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FOR REGIONAL ALTERNATIVE SCHOOL OFFICE USE ONLY:

Paid in full on \_\_\_\_\_

Amount paid \_\_\_\_\_

Cash or Check # \_\_\_\_\_