

Digital Districts Online Student Enrollment Information

Student Information	Digital Districts Online			Parent/Guardian Information	
Student Name				Parent/Guardian Name	
DOB / Grade / Gender				Parent/Guardian Email	
Student Phone				Parent/Guardian Phone	
Student Email				Parent/Guardian Address	
Is there an IEP?				City / Zip	
Purpose for Course ?				Student ID Number [if applicable]	
First Online Course?				Student User Name	
Course accessed? School, Home, both, other				Student Password	
Anticipated Year of Graduation/Ethnicity					
School Name				Course Information	
Local Teacher Name				Course Title	
Local Teacher Title				Semester 1, 2 or full credit	
Local Teacher Phone				Online Teacher Name	
Local Teacher Fax				Online Teacher Email	
Local Teacher Email				Online Teacher Phone	
School Street Address				Requested Start Date	
School City				Projected Completion Goal	
School Zip				Actual Completion Date	
End of Drop Window				Course Grade %	
Comments, Concerns:					