C·E·S·A 10
Cooperative Educational Service Agency

CESA 10 DISTANCE LEARNING
2006-2007 STUDENT ONLINE CLASS ORDER FORM

School District: _____ **Date:** _____

Contact Person: _____

Student Name	Course Title	Course Code	Semester	Credits	Tuition	Local Mentor Name

Every student is required to have a local teacher/mentor.
I certify with the signature below, that the students named above are eligible to attend the courses listed above and that the district named above will be responsible for payment of tuition and fees incurred.

_____ _____
Authorizing Signature Date

Fax completed form to: (715) 720-2070, Attn: Jamie Kampf