

**VIRTUAL COURSES**  
*(Request to Enroll in Virtual Courses)*

The student or parent/guardian should complete this form and submit it with class enrollment materials. Please use more than one form if necessary.

**Name of Student:** \_\_\_\_\_

**Requested Date of Enrollment:** \_\_\_\_\_

<b>Name of Online Course</b>	<b>Online Course Provider</b>

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*Note: The reader is encouraged to review policies and/or procedures for related information in support of this administrative area.*

Implemented: November 20, 2018

Revised:

Boonville R-I School District