

Student Name

Secondary Enrollment Application

Student Mane					
Grade:	Date of Birth:	(mm/dd/yyyy)			
Campus/Boundary Sch	1001:				
Student's email addres	s:				
Home Phone:	C	ell:			
Address:	Cit	y:	Zip:		
Gender: 🗆 Male 🗆 H	Female Stable Internet	and Compute	er Access: □Y □] N	
Please check if any of IEP If yes, case mana	the following apply: ager name:	□ 504	□ Fee Waiver	□ NCAA	
	k/African American □ Whi an/Alaskan Native (Tribe:			ander	
Reason for taking onlin	ne course:				
Credit Recovery	Dual enrollment	Eai	ly Graduation Tra	ick	
Parent/Guardian Name		Phone:			
Email:					

eSchool Policies Please *initial* below to show your understanding and agreement to eSchool Policies:

I understand that any IEP or Special Education needs for eSchool students will be met and maintained through the boundary school or Provo School District.

I understand that attendance is tracked by my progress in the course and failure to complete assignments could be reported as truant to courts and schools. Students who are 2 weeks or more than 10% behind will be marked absent. 20% behind will begin the truancy process.

I understand that plagiarism and cheating of any kind could result in termination from eSchool classes.

I understand that the average semester course takes 90 hours to complete but that all courses must be complete by the end date below.

I understand that completion of all assignments and quizzes in a semester course *and* a proctored final are required to receive full credit.

I understand that I have 10 school days to withdraw from or change a course. After 10 days, I am responsible to earn that credit. If I do not finish the course, I will receive a failed grade.

_____ I understand that I must log into my courses at least once every 10 days, or I will be dropped from my courses.

I understand that the end date for all of my courses (Edgenuity, BYU, and JET), including the final, is the last day of the semester. First semester ends December 20, 2019; second semester ends May 22, 2020. No exceptions.

Enrollment

SEMESTER 1

Course Name	Quarters or Semesters								Credit Recovery?			Provider		
	Q1	Q2	Q3	Q4	OR	Sem 1	Sem 2	Yes	/	No	BYU IS	Edgenuity	JET	
	Q1	Q2	Q3	Q4	OR	Sem 1	Sem 2	Yes	/	No	BYU IS	Edgenuity	JET	
	Q1	Q2	Q3	Q4	OR	Sem 1	Sem 2	Yes	/	No	BYU IS	Edgenuity	JET	
	Q1	Q2	Q3	Q4	OR	Sem 1	Sem 2	Yes	/	No	BYU IS	Edgenuity	JET	
	Q1	Q2	Q3	Q4	OR	Sem 1	Sem 2	Yes	/	No	BYU IS	Edgenuity	JET	
	Q1	Q2	Q3	Q4	OR	Sem 1	Sem 2	Yes	/	No	BYU IS	Edgenuity	JET	

SEMESTER 2

Course Name	Quarters or Semesters								Credit Recovery?			Provider		
	Q1	Q2	Q3	Q4	OR	Sem 1	Sem 2	Yes	/	No	BYU IS	Edgenuity JET		
	Q1	Q2	Q3	Q4	OR	Sem 1	Sem 2	Yes	/	No	BYU IS	Edgenuity JET		
	Q1	Q2	Q3	Q4	OR	Sem 1	Sem 2	Yes	/	No	BYU IS	Edgenuity JET		
	Q1	Q2	Q3	Q4	OR	Sem 1	Sem 2	Yes	/	No	BYU IS	Edgenuity JET		
	Q1	Q2	Q3	Q4	OR	Sem 1	Sem 2	Yes	/	No	BYU IS	Edgenuity JET		
	Q1	Q2	Q3	Q4	OR	Sem 1	Sem 2	Yes	/	No	BYU IS	Edgenuity JET		

Student Signature _____

Parent Signature _____

Date

Date _____

Date _____

Counselor Signature

Case manager Signature (if necessary)_____

Date

FOR OFFICE USE ONLY						
Enrolled :	Date:	By:				
BYU						
Edgenuity						
Power School Entry						
Credit Recovery Fees:	Total:	Paid:				

TYPE THE DOCUMENT TITLE