



Anchorage School District

_____ Date Received

PART-TIME CLASS ENROLLMENT FORM

Full and part time students have equal access to the classes offered at each school site.
Enrollment is contingent upon the space available in the requested course.
Grade(s) will be assigned by the teacher at the single enrollment site.

Last Name _____ First Name _____ Grade _____

ASD Student ID# _____ Current School Attending _____

Home Address _____

Parent Phone/Email _____

Student Phone/Email _____

Sem 1 _____ Sem 2 _____ Yearlong _____ Requested School _____

COURSE(S) REQUESTED: 1. _____ Period _____

2. _____ Period _____

3. _____ Period _____

- When students are requesting multiple courses, they must be taken consecutively.
- The student agrees to follow all the rules and procedures of the part-time enrollment site.
- The student also agrees that he/she must arrive just prior to class and depart directly after class ends.
- Students can utilize their neighborhood bus route at the beginning or end of the day if it aligns with their part-time schedule; otherwise, transportation is not provided.
- Students who wish to drive must purchase a parking permit for that campus.
- Failure to abide by the above conditions will result in removal from the class.

Student Signature _____ Date _____

Parent Signature _____ Date _____

Sending School Principal Signature _____ Date _____

***Are you currently attending Frontier Charter or Family Partnership?
If yes, please complete the back side of this form.**

Approved _____	Receiving Principal Signature _____	Date _____
Denied _____	Reason _____	
Student Scheduled By _____	Date _____	Family Notifie _____

ASD will not refund monies after the first day of class.

ASD Services Provided at Anchorage School District Site: Limit of 1.5 credit per semester

Secondary School:

Middle School	\$.450 per class
High School	\$450 per class
King Tech High.....	\$1350 per class

Elementary School:

Art, Music, PE, Band/Orchestra

One class per week.....	\$95
Two classes per week.	\$195
Three classes per week.	\$290
Four classes per week.	\$390
Five classes per week.	\$485
Elementary Ignite.	\$225

Advisor Approval _____ Date _____

ASD charge for this class \$ _____

Please be sure to include an ILP and a requisition for your class.

Parent signature below authorizes this amount to be deducted from the student's account.

Parent Signature _____ Date _____