

*	Ancharana Cabaal Distric	
	Anchorage School Distric	
	IE CLASS ENROLLM	ENTFORM
Enrollment is contin	ts have equal access to the class igent upon the space available i assigned by the teacher at the si	n the requested course.
Last Name	First Name	Grade
ASD Student ID#	Current School Attend	ling
Home Address		
Parent Phone/Email		
Student Phone/Email		·····
Sem 1 Sem 2 Yea	arlong Requested Schoo	l
COURSE(S) REQUESTED: 1		Period
2	· · · · · · · · · · · · · · · · · · ·	Period
3		Period
• When students are reque	sting multiple courses, they mu	st be taken consecutively.
• The student agrees to foll	ow all the rules and procedures	of the part-time enrollment site.
 The student also agrees the class ends. 	hat he/she must arrive just prior	to class and depart directly after
	neighborhood bus route at the eschedule; otherwise, transport	beginning or end of the day if it ation is not provided.
• Students who wish to driv	e must purchase a parking perr	nit for that campus.
• Failure to abide by the ab	ove conditions will result in rem	noval from the class.
Student Signature		Date
Parent Signature		Date
Sending School Principal Signat	ture	Date
	ly attending Frontier Charter or F please complete the back side of	
Approved Receiving Princi	ipal Signature	Date
Denied Reason		
Student Scheduled By	Date	Family Notified

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	5 per class
High School\$475	5 per class
King Tech High\$1,42	5 per class

Elementary School:

Art, Music, PE, Band/Orchestra
One class per week \$110
Two classes per week\$210
Three classes per week
Four classes per week
Five classes per week\$530
Elementary Ignite\$240

Participation in Graduation for Shared Students ASD Charter Homeschools and ASD Correspondence Programs

ASD Charter and ASD Correspondence school students are permitted to participate in a comprehensive high school graduation ceremony if they are enrolled in at least one course via part time enrollment during the second semester of their senior year at that school.

Advisor Approval	Date
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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
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