

MANCELONA PUBLIC SCHOOLS
ON-LINE CLASS ENROLLMENT FORM

APPLICANT INFORMATION		
Student Name:	Student ID:	
Date of Birth: / /	Grade:	
Address:		
City:	State:	Zipcode:
Student Email:		
COURSE INFORMATION		
For the 20_ _ School Year	Semester: <input type="checkbox"/> 1st or <input type="checkbox"/> 2nd	
Subject:	Course Title:	
Offered by:	This course will be in lieu of:	
PARENT INFORMATION		
Parent Name:	Phone:	
Parent Email :		
Parent Signature:	Date:	

FOR OFFICE USE ONLY	
Date Received:	Course Approved: <input type="checkbox"/> Yes <input type="checkbox"/> No
Course Title and Provider Name:	
Placement Approved: <input type="checkbox"/> Yes <input type="checkbox"/> No	Student Mentor:
Student Enrolled: <input type="checkbox"/> Yes <input type="checkbox"/> No	Final Course Grade: