



Request to Enroll in Online Course

Section 1: to be completed by student/parents and returned to Counselor

Name of Student: _____ Projected Graduation Year: _____

Title of Online Course _____ First time class or Repeat (circle one)

Title of Online Course _____ First time class or Repeat (circle one)

Term Fall Spring Summer Year _____

Name of Online Vendor _____

Web address of Vendor: _____

Accrediting Agency for Vendor _____

Party Responsible for Payment _____

Note: If the vendor listed above is affiliated with a Tennessee public school district, enrollment should occur through collaboration with the school counselor and the WCS Coordinator for Instructional Technology. Parents of WCS students should not contact Tennessee public school districts to enroll students in online coursework.

Student Signature _____ Date _____

Parent Signature _____ Date _____

Counselor Signature _____ Date _____

Principal Signature _____ Date _____

Asst. Superintendent of High Schools Signature* _____ Date _____

*Required during school calendar year for any course that is taught in the school in which the student is enrolled or during summer months for any request to enroll in math, foreign language, or science courses.

Counselor/Registrar Use Only

Proof of Enrollment Submitted _____ Date _____

Transcript Received** _____ Date _____

**Per WCS Board Policy 4.6051b all e-course grades are entered as Pass/Fail on the WCS transcript and carry no GPA value. No grades will be entered on the transcript without an *Official Transcript* of grades which should be sent directly from the online vendor to the school counselor.