



# COAST Charter School

48 Shell Island Rd, St. Marks, Florida 32355

Telephone (850) 925-6344

## DISTANCE LEARNING REQUEST FORM

Student Name: \_\_\_\_\_ Student (ID) #: \_\_\_\_\_

Semester (check one):  FALL  SPRING  SUMMER

This is a request form to take an online or distance learning course (s) at COAST Charter School. This form requires that both student and parent sign to verify that they understand and accept the school's terms for taking these courses. A separate form must be completed each semester a student requests to enroll in an online course.

The signature below indicates that the student and parent have read, understand, and agree to the conditions set forth in the COAST CHARTER ONLINE COURSE RULES.

Student Signature: \_\_\_\_\_ Grade: \_\_\_\_\_ Date: \_\_\_\_\_

Parent Name: \_\_\_\_\_

Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent Email Address: \_\_\_\_\_ Phone #: \_\_\_\_\_

Course Level (check one):  Elementary School  Middle School  High School Credit

A. Course Requested: \_\_\_\_\_

FL Course Code Number (virtual only): \_\_\_\_\_

B. Alternative Course: (virtual only): \_\_\_\_\_

FL Course Code Number: (virtual only): \_\_\_\_\_

C. Alternative Course: (virtual only): \_\_\_\_\_

FL Course Code Number: (virtual only): \_\_\_\_\_

This signature indicates that the student and parent(s) understand and agree to the course(s) requested on this form.

Student Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**RETURN THIS FORM TO COAST. THIS WILL BE FORWARDED TO GUIDANCE FOR APPROVALS.**

### FOR SCHOOL USE ONLY:

Course A:	Approved	Disapproved	EdOptions	Distance
Course B:	Approved	Disapproved	EdOptions	Distance
Course C:	Approved	Disapproved	EdOptions	Distance

Guidance Approval: \_\_\_\_\_

Principal Approval: \_\_\_\_\_