



SEQUOIA UNION HIGH SCHOOL DISTRICT  
DISTANCE LEARNING

STUDENT APPLICATION FOR CREDIT

Student Name \_\_\_\_\_ Age \_\_\_\_\_ School \_\_\_\_\_ Date \_\_\_\_\_

Student # \_\_\_\_\_ Grade Level \_\_\_\_\_ Number of credits completed to date \_\_\_\_\_

Student Address \_\_\_\_\_ Phone # \_\_\_\_\_

Number of classes currently enrolled in at your high school \_\_\_\_\_

(Please indicate a. or b.) This class is to fulfill **a.** the following required class \_\_\_\_\_

**b.** elective credits \_\_\_\_\_

Name of Class \_\_\_\_\_ # of credits \_\_\_\_\_ Estimated date for course completion \_\_\_\_\_

Is this a variable credit course? Yes \_\_\_\_\_ No \_\_\_\_\_

Name of distance learning school \_\_\_\_\_ Phone # \_\_\_\_\_

School Address \_\_\_\_\_ School URL \_\_\_\_\_

**Reason for choosing to take a distance learning class:**

a. Failed the class \_\_\_\_\_

b. Grade Improvement \_\_\_\_\_

c. Personal Interest \_\_\_\_\_

d. Other (Explain) \_\_\_\_\_

All tests and exams must be proctored by a staff member at the district office or the school. It is the student's responsibility to make arrangements for the proctor prior to starting the class. Please indicate the name of your proctor and obtain her/her signature: Name \_\_\_\_\_

(Please print)

(Signature)

Sequoia Union High School District has my permission to add my email address to the email list for distribution to Distance Learners only. (optional)

\_\_\_\_\_  
Student Signature

\_\_\_\_\_  
Parent Signature

\_\_\_\_\_  
Email Address

Signatures by parent, guidance advisor and Director of Student Support Services indicate approval of credit request. **All Signatures are required before permission can be given.**

\_\_\_\_\_  
Student Signature

\_\_\_\_\_  
Parent Signature

\_\_\_\_\_  
Guidance Signature

\_\_\_\_\_  
IVP Signature

\_\_\_\_\_  
Gregg Gunkel, Director

**Request denied (please explain):**

**I, the parent/guardian of this student, understand that my son/daughter and I are responsible for submitting the final grade to the school registrar at least 3 weeks prior to the end of the semester:**

\_\_\_\_\_  
(Deadline Date)

\_\_\_\_\_  
(Parent Signature)