



*This is a sample document.  
Please modify to meet your needs.  
Place your school logo here.*

**Registration for VHS NetCourses 2004-2005**  
**Successful VHS students are self-directed, self-motivated problem-solvers**

Student Name \_\_\_\_\_ Student Number \_\_\_\_\_  
 Street Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_  
 Email Address \_\_\_\_\_ Phone # \_\_\_\_\_  
 Home School \_\_\_\_\_ Grade Level 2004-2005 \_\_\_\_\_ GPA \_\_\_\_\_  
 Guidance Counselor \_\_\_\_\_ Ph: \_\_\_\_\_ Ext: \_\_\_\_\_  
 Counselor's Email Address \_\_\_\_\_ FAX \_\_\_\_\_

**Program Notes:**

- There is no guarantee that the courses applied for will be available. The VHS Site Coordinator will register on-line as soon as the application is received, and notify the student.
- The VHS catalog indicates approved electives and VHS Levels, Grade Level and Semester. The full VHS catalog is available on-line at **www.goVHS.org**
- \*Note Semesters: Full Year, Fall, Spring

<b>Course Selection: 1<sup>st</sup> Semester</b>	<b>Course Number</b>	<b>Level</b>	<b>Grade Level</b>	<b>Semester*</b>
#1 _____	VHS _____	_____	_____	_____
#2 _____	VHS _____	_____	_____	_____
#3 _____	VHS _____	_____	_____	_____

<b>Course Selection: 2<sup>nd</sup> Semester</b>	<b>Course Number</b>	<b>Level</b>	<b>Grade Level</b>	<b>Semester*</b>
#1 _____	VHS _____	_____	_____	_____
#2 _____	VHS _____	_____	_____	_____
#3 _____	VHS _____	_____	_____	_____

I understand that participation in the second semester of VHS is dependent upon full participation in my first semester as a VHS student.

**Student Signature:** \_\_\_\_\_

I give my child permission to participate in the Virtual High School.

**Parent Signature:** \_\_\_\_\_

I recommend this student for participation in the Virtual High School.

**Guidance Counselor Signature:** \_\_\_\_\_

**Send Completed Applications to:**