



DC Online Course Enrollment (Full-Time)

Student Name	Grade	Date	
<u>Name of Online Course</u>	<u>Credits</u>	<u>Target Start Date</u>	<u>Target End Date</u>
Bible			
English			
Mathematics			
Science			
History			
World Language			

Elective Courses ON CAMPUS

In consultation with the guidance counselor or principal, the student may decide to participate in various electives offered on campus. If it is decided that the student can arrange to be on campus at the times the class meets, such a course can be scheduled, subject to its normal prerequisites (audition, etc.)

Course Name	Course Name	Course Name
-------------	-------------	-------------

Student Email _____	Skype Account _____
Student Phone _____	

School Principal Signature (MS) _____	Date _____
School Counselor Signature (HS) _____	Date _____

Parent Contact _____

Parent Email _____

Parent Phone _____

By signing below, the parent agrees to the policies set forth on DC's website regarding online coursework and acknowledges that online coursework fees are non-refundable.

_____ I have discussed cost and payment methods with the DC Business Office.
Please initial

Parent Signature _____ Date _____

Please return completed form to DC's Online Education Coordinator.

462 MALIN RD., NEWTOWN SQUARE, PA 19073-3499 TEL: (610)353-6522 FAX: (610)356-9684 WEBSITE: WWW.DCCS.ORG