



THE SCHOOL DISTRICT OF
UNIVERSITY CITY
Transform the Life of Every Student Every Day!

Virtual Course Enrollment Form

Name of Student: _____

Requested Semester of Enrollment: _____

Current School: _____

Grade: _____ for School Year: _____

Parent/Guardian and Student please sign where indicated to confirm that you have read and understand the following statement:

I understand that in order to be successful in a virtual course students may be required to do the following: upload and download files (including audio, video, word documents, PDFs, JPEGs, etc.), check email on a daily basis, articulate and communicate questions via email, work independently and prioritize assignments with multiple components.

Parent Signature: _____ Date: _____

Student Signature: _____ Date: _____

Requested Course(s)
(in order of preference)

For Office Use:

Approved for Enrollment

The student has been approved to enroll in the following courses:

Name of Virtual Course(s)

Declined for Enrollment: It has been determined that, in accordance with the policy of The School District of University City, it is not in the best educational interest of the student to enroll in the requested course(s). Should you disagree with our decision, you have an option to appeal to the Board of Education. Please contact Mark Basi (mbasi@ucityschools.org or 314-290-4078) to begin the appeal process.

Name of Virtual Course(s)	Reason for Denying Enrollment

Counselor Name

Counselor Signature

Date

Administrator Name

Administrator Signature

Date