

<b>STUDENT INFORMATION</b>						<b>School Year</b>
<i>Last Name</i>	<i>First Name</i>	<i>MI</i>	<i>Suffix</i>	<i>Date of Birth</i>	<i>Primary Phone</i>	<i>Student Email</i>
<b>PARENT INFORMATION</b>						
<i>Names(s)</i>	<i>Mailing Address</i>			<i>City</i>	<i>Zip</i>	<i>Parent Email</i>

**IMPORTANT – Parent/guardian and student notice of rights and responsibilities regarding program enrollment**

1. All parents and students in correspondence programs have the same right to access the district appeal process as parents and students in other district programs (4 AAC 33.421). This includes, but is not limited to, **special education** (4 AAC 33.432).
2. All enrolled students, including part-time students, are **required to participate in statewide student assessments** (4 AAC 33.421).
3. Courses receiving an “incomplete” may not be counted towards credit for enrollment requirements (4 AAC 33.426).
4. Parents must disclose enrollment for all other education institutions, including private schools, to ensure the student is not concurrently enrolled in a substantially similar course (4 AAC 33.430).
5. All textbooks and other curriculum materials must be; aligned with state standards, comply with regulatory requirements, and be reviewed by a certified teacher (4 AAC 33.421).
6. All non-expendable materials remain the property of the school district and must be returned to the district (4 AAC 33.422).
7. All expenditures related to the student must be directly tied to a specific course with a need addressed in the ILP (4 AAC 33.422).
8. Monthly contact with the parent/student is required (4 AAC 33.421).
9. A quarterly review of the students progress with the parent/student is required (4 AAC 33.421).
10. A grade or other determination of course progress as determined by the certified teacher responsible for the course (4 AAC 33.421).
11. This plan may provide for review and consideration of any recommendations submitted by the parent or student (4 AAC 33.421).

**Your signature indicates:** you are aware of this information; you accept responsibility for ensuring your student is aware of their rights and requirements; you agree to all requirements; and you confirm that the information provided is true and accurate the best of your knowledge.

*Parent Signature*                      *Parent Signature*                      *Date*                      *Contact Teacher Signature*      *Contact Teacher Name (Print)*

<p><b>DISTRICT USE</b></p> <p><b>State of AK ID:</b></p> <p><b>Computer Issued:</b>      Yes      No</p> <p><b>Out of District:</b>      Yes      No</p> <p><b>Dual Enrollment:</b>      Yes      No</p> <p><b>FTE:</b>      1      .75      .5      .25</p> <p><b>Siblings Enrolled:</b>      Yes      No</p> <p><b>Graduation Track:</b>      Yes      No</p>	<p><b>SPECIAL EDUCATION</b></p> <p><b>IEP Expiration Date:</b></p> <p><b>ESER Expiration Date:</b></p> <p><b>Disability:</b></p> <p><b>Assessment Accommodations:</b></p>
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<b>SUBJECT:</b>	<b>½ Credit Fall</b>	<b>½ Credit Spring</b>	<b>Other:</b>
<b>Curriculum Materials:</b> Please indicate titles(s) , publisher; Add the material level (if specific). Include texts, videos, tutoring, etc.			<b>Estimated Cost:</b>
<b>Source of Credit:</b>	<i>Vendor:</i>	<i>Parent Designed Course</i>	<i>District Course</i> <i>Other:</i>
<b>Topics:</b> This should include all major topics to be covered in the course.			
<b>Method of Assessment:</b>	<i>Quizzes/ Tests</i>	<i>Learning Journal</i>	<i>Oral Review/Presentations</i> <i>Guided Practice</i> <i>Portfolio</i> <i>Projects</i>
<i>Other:</i>			
<b>Planned Activities:</b> Describe the activities planned and any facilities, tutoring, special materials, etc. to be used.			
<b>Grading Scale/Goals:</b> Explain what the student will be able to do as a result of the course. Include special tasks.			

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**QUARTERLY PROGRESS REPORTING**

<b>Date Completed</b>	<b>Completed By</b>	<b>Notes</b>	<b>Follow-Up Required?</b>
<b>1<sup>st</sup> Quarter Date:</b>			
<b>2<sup>nd</sup> Quarter Date:</b>			
<b>3<sup>rd</sup> Quarter Date:</b>			
<b>4<sup>th</sup> Quarter Date:</b>			

**MONTHLY CONTACT LOG**

<b>Date Completed</b>	<b>Completed By</b>	<b>Notes</b>	<b>Follow-Up Required?</b>
<b>SEP</b>			
<b>OCT</b>			
<b>NOV</b>			
<b>DEC</b>			
<b>JAN</b>			
<b>FEB</b>			
<b>MAR</b>			
<b>APR</b>			

**INVENTORY OF NON-CONSUMABLE ITEMS**

<i>Item</i>	<i>Related Course</i>	<i>ID #</i>	<i>Condition OUT</i>	<i>Condition IN</i>	<i>Date Returned</i>
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