

BioTaPP @ Polaris K-12 School

SINGLE CLASS ENROLLMENT FORM

(for students enrolled in another ASD High School)

Thank you for your interest in applying for a BioTaPP class at Polaris K-12 School. If you are enrolled in another ASD high school and are enrolled in or have completed the pre-requisite courses, you may apply for BioTaPP class on a space available basis at Polaris K-12. Full and part-time students have equal access to classes. Grade will be assigned by the Polaris K-12 Teacher.

_____	_____	_____	_____	_____
Last Name	First Name	Grade	Student ID#	Home School
_____			_____	_____
Street Address			Home Phone #	Emergency Contact #
_____			_____	_____
City/Zip			Work Phone #	Cell # (Student)

Course Requested: BioTaPP 1 2 (circle appropriate)

→Please attach most recent transcript showing pre-requisite courses.←

The student agrees to follow all of Polaris K-12 School's rules and procedures. Student is responsible for his/her own transportation. **The student also agrees that he/she must arrive just prior to the class start and depart directly after the class unless prior written permission is obtained from the instructor or principal.**

_____	_____	_____	_____
Student Signature	Date	Parent/Guardian Signature	Date
_____	_____	_____	_____
Counselor's Signature	Date	Home School Curriculum Principal	Date

Approved _____
Date

Denied _____
Date

Polaris K-12 Administrator

Course Assigned: _____ Period ____ Teacher _____

- **Course or schedule changes must be completed by the 5th day of the term.
- **Schedule Changes will be approved only if space permits.
- **All changes must be approved by the administrator.

THIS FORM MAY NOT BE FAXED OR EMAILED TO POLARIS K-12.