



High School:

## **Edgenuity Imagine Learning Enrollment Form**

2610 Sam Noble Pkwy Ardmore, OK 73401 580-224-8374

First Name:	Last Name:		
E-mail	Day (Cell) Phone: <u>(580)</u>		
Technical Program	AM PM Circle One	Grade:	11 <sup>th</sup> 12 <sup>th</sup> Circle One
Edgenuity. Course Needed:		_ Semester	r 1, Semester 2, or Both Circle One
Couns	selor and Princip	al Section	
This student is needing to enroll in this cour			
Counselor Signature:			<del></del>
Principal:  I agree to transcript the letter grade: Principal Signature:			
Spe	ecial Educations <sup>-</sup>	Гeacher	
<ul> <li>Mark this box if the student may need at</li> <li>I agree that this is an appropriate place</li> <li>I agree to help supervise student programmer</li> </ul>	cement for	Name of S	
Special Education Teacher Signature:			Date:
Stud	ent and Parent/(	Guardian	
Student:  1. I agree to maintain adequate progress 2. I agree to complete all assignments in completion date with a satisfactory gr Parent/Guardian:  1. I agree to provide student with int work on assigned courses.  2. I agree to check on progress of stu 3. Parent/Guardian agrees to pay the a) If student fails due to inadequate p b) If student does not complete the c Parent/Guardian Sign:	a a timely mannerade.  ternet access and adent enrollment fee oprogress, Southerourse with a sati	r and finistime outs of \$344 pernTech wi	er semester of coursework: all drop student from the course, or rade.