

Garza High School Online Application Fall 2017

PART 1		Student Information: MUST BE TYPED		Application Checklist:		
Student ID #		Campus:		<ul style="list-style-type: none"> • Student or parent received the current Garza Online brochure • Student meets all the requirements of the respective course(s) as shown in the current brochure (<i>Note: Garza HS Online courses have specific requirements including equipment, technology, and computing skills</i>) • Parts 1 and 2 typed as shown on official records • Two signatures in Part 3 • All applicable parts completed • Fax or email application by counselor <p style="color: red; text-align: center;">Incomplete or improperly submitted forms will delay processing</p>		
Official Last Name						
Official First Name						
2016 – 2017 Grade		Date of Birth				
Student Phone #						
Student e-mail address						
PART 2	Course Selection: <u>Select before printing</u>			PART 4	Parent/Student Approval	
Course with Part A and Part B				<i>Parent Approval Required if Student is Under 18</i>		
<input type="radio"/> A <input type="radio"/> B Algebra I <input type="radio"/> A <input type="radio"/> B Art I <input type="radio"/> A <input type="radio"/> B Geometry <input type="radio"/> A <input type="radio"/> B Art II - Drawing <input type="radio"/> A <input type="radio"/> B Math Models <input type="radio"/> A <input type="radio"/> B World History <input type="radio"/> A <input type="radio"/> B Algebra II <input type="radio"/> A <input type="radio"/> B English II <input type="radio"/> A <input type="radio"/> B Algebra Reasoning <input type="radio"/> A <input type="radio"/> B Creative Writing <input type="radio"/> A <input type="radio"/> B Biology <input type="radio"/> A <input type="radio"/> B Physics <input type="radio"/> A <input type="radio"/> B Integrated Physics & Chemistry <input type="radio"/> A <input type="radio"/> B Astronomy* <input type="radio"/> A <input type="radio"/> B Advanced Quantitative Reasoning <input type="radio"/> A <input type="radio"/> B Fundamentals of Computer Science <input type="radio"/> A <input type="radio"/> B Computer Science 1* <input type="radio"/> A <input type="radio"/> B Computer Science 2* <input type="radio"/> A <input type="radio"/> B Art & Media Communication <input type="radio"/> A <input type="radio"/> B Digital & Interactive Media <div style="text-align: center;">Semester Courses</div> <input type="radio"/> Government <input type="radio"/> Foundations of Personal Fitness <input type="radio"/> Economics <input type="radio"/> Communication Applications <input type="radio"/> Health				<p>By signing below, I acknowledge all requirements, policies, and procedures of the requested course(s) as shown in the current Garza Online brochure are met.</p> <p>I understand that Garza Online courses are non-honors, non-weighted, high school courses, unless otherwise notated. Once a course is completed, the course grade will be recorded on the transcript and figured into GPA.</p> <p>Online courses may affect UIL eligibility in accordance to district regulations and state law. Students must provide progress reports to sponsors of extracurricular activities. Inadequate progress may affect UIL eligibility.</p> <p>If a student obtains credit through Garza HS Online for a course in which there is a STAAR EOC exam, the student must take the corresponding EOC exam at their home campus and all EOC guidelines apply.</p>		
				Parent Phone		
				Parent Email		
				Parent Signature	Date	
				Student Signature	Date	
PART 3		Campus Staff Approval Verifying Eligibility		PART 5		
		Participation must be approved by both the counselor and the principal/principal designee. Signature indicates that academic records have been reviewed to determine eligibility.		Health Education Course		
		I, _____, have checked student records and verified the student is eligible and correctly registered for Garza HS Online.		<p>*** Required Only for Health Education ***</p> <p>The health education course through Garza HS Online includes some information pertaining to sexual education. Parents have the option to exclude materials on sexual education and replace with alternative assignments assigned by the instructor.</p> <p>PARENTS MUST INITIAL one of the following options if the student enrolling is under the age of 18.</p> <p>_____ I would like my child to take the regular health education course with the sexual education component</p> <p>_____ I would like my child to be excluded from the education sexual education component and receive alternative assignments</p>		
		Position: _____ Phone: _____				
Counselor Signature:			Date	Parent Signature		
Principal / Designee Signature:			Date			
Fax / Email		Return this form to student's counselor to be submitted **This form must be emailed or faxed directly from the student's counselor**			Online Office Use Only	
Fax or Scan/Email completed form to Diane Sidoroff at Garza High School Phone: 512-414-8622 FAX: 512-414-8655 Email: diane.sidoroff@austinisd.org					Credit Check _____ Database: _____ Enrollment Date _____	