

2019-2020 Online Course Request Form

Access to an e-mail account is mandatory for participation in any course. Notifications of registration acceptance, progress reports, and other important course communications to parents and students will be via e-mail. Please set your filters to allow e-mail from @aacps.org , and make sure that you type in your e-mail addresses correctly. AACPS Counselors and Administrators should be the only individuals completing this form. All other entries will be flagged.

Semester 1 Request Deadline Fall 2019
ALL Students; September 20, 2019

Semester 2 Request Deadlines Spring 2020
Seniors: January 29, 2020
Undergraduate and Middle School Students: February 12, 2020

* Required

1. **Email address ***

2. **Your First Name: Person Completing this Form ***

3. **Your Last Name: Person Completing this Form ***

4. **Home School ***

Please indicate the school the student will be attending at the start of the 20167-2018 School Year
Mark only one oval.

- Annapolis
- Arundel
- Broadneck
- Chesapeake
- Glen Burnie
- Meade
- North County
- Northeast
- Old Mill
- Severna Park
- Southern
- South River
- Other: _____

STUDENT SECTION

5. Last Name *

6. First Name *

7. Phone Number *

012-345-6789

8. Student E-mail Address *

Check that your address is correct. This e-mail is used to send notification of payment and registration. Students DO NOT have a county provided (@aacps.org) email account.

9. Student Identification Number *

10. Student Date Of Birth *

MM/DD/YYYY

11. Anticipated year of Graduation **Mark only one oval.*

- 2020
- 2021
- 2022
- 2023
- 2024
- 2025

12. Special Services *

The Office of Instructional Technology does not have access to students' IEP or 504 Plan information. It is the responsibility of the student and/or parent to provide the teacher with the necessary documentation at the first face-to-face meeting.

Mark only one oval.

- I.E.P
- 504
- None

PARENT/GUARDIAN SECTION

13. Full Name *

14. Street Address *

15. City *

16. State *

17. Zip Code *

18. Daytime Phone Number *

Please provide the best phone number to reach you during the day.

19. E-mail Address

Check that your address is correct. This e-mail is used to send notification of payment and registration.

School Counselor Section

20. Counselor Full Name *

21. Counselor E-mail Address *

22. Reason for Request *

Mark only one oval.

- Course Not Offered
- Internship
- Schedule Conflict
- Course Repeat
- Other: _____

Course Selection

Please Select one course per form submission.

23. Course Semester *

Please indicate the semester of the course the student will be taking. Request forms must be completed for each student, each semester.

Mark only one oval.

- Full Year
- Semester 1
- Semester 2

24. Student Signature *

I understand that by typing my name below I am certifying that I have filled out this form honestly and completely. I also acknowledge that the registration process will not be completed until I submit the required signature forms.

25. Online Courses *

Please select the course you would like to take. (All Non-AP science courses have been pulled due to non-compliance with NGSS. Courses in this content area will be made available once they return to compliance.)

Check all that apply.

- Algebra 2
- AP Art History
- AP Biology*
- AP Calculus AB
- AP Calculus BC
- AP Chemistry*
- AP Computer Science A
- AP English Language*
- AP English Literature*
- AP Environmental Science
- AP French Language and Culture
- AP Human Geography
- AP Macroeconomics*
- AP Microeconomics*
- AP Psychology*
- AP Spanish Language*
- AP Statistics*
- AP US Government*
- AP US History*
- AP World History*
- Calculus (not Calc 3)
- Chemistry
- Chinese 1
- Chinese 2
- Chinese 3
- Creative Writing
- Earth Space Science
- English 1 (9)
- English 2 (10)
- English 3 (11)
- English 4 (12)
- Environmental Science
- French 1
- French 2
- French 3
- Geometry

- German 1
- German 2
- Journalism
- Latin 1
- Latin 2
- Latin 3
- Physics
- Pre-Calculus
- Psychology
- Sign Language 1 (ASL)
- Sign Language 2 (ASL)
- Spanish 1
- Spanish 2
- Spanish 3
- US Government
- US History
- World History

26. Counselor Signature *

I understand that by typing my name below I am certifying that I have filled out this form honestly and completely. I also acknowledge that the registration process will not be completed until I verify and submit the the required administrative and guardian signatures.

27. Attach the Student Participation form and Ethics agreement here. Forms must be attached as an image or PDF file. *

Files submitted:

A copy of your responses will be emailed to the address you provided

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