## 2015-2016 Registration for Online Learning Independent Contract Study Bainbridge Island School District Eagle Harbor High School

Student's Full Name:	Student's email address:			Daytime Phone Number:	
Parent's Name:	Parent's email address:			Alternate Phone Number:	
Mailing Address				Current School: EHI	IS
				Grade for 2015-16 sc	hool year:
Birth date: (Month/Date/Year)	Gender: Female Male	IEP? *Yes	No	Ethnicity: African Amo	
The available options must either "virtual" teacher at Fuel Educatio option will be the best fit for your Requested Fuel Education	n. Both options cost the san needs.	ne, \$175 pe	r semester. St		
Language Arts					
Math					
Science					
Social Studies					
World Language (World Languages have the a successful score in a national					study projects and
Elective:					
Counselor	Date			<u></u>	
*If on an IEP or 504 plan, please s	ummarize or attach accomm	odations t	nat are releva	nt for this course:	
Online Courses: I understar Advisor, and complete all assorientation to online learning applicable for semester two.	signed work and may als	so be sche	eduled for a	n Advisory Class. I	must complete an
Student signature		Parent signature			
			-		Date
For office use only:	Date Received:		Fee cl	narged:	
-	Date Received: (T Corsetti manages			_	Fee rec.:
Curriculum Only (		):	Use Fue	el Ed. Virtual Tea	Fee rec.: