

# Madison City Schools Virtual Option 2021-2022 Registration Form



|                               |                            |
|-------------------------------|----------------------------|
| Student Name _____            | Zoned School 2021-22 _____ |
| Street Address _____          | School Grade 2021-22 _____ |
| City & Zip Code _____         | Student Age / DOB _____    |
| Name of Parent/Guardian _____ | Parent Phone _____         |
| Student Cell Phone _____      | Parent Email _____         |

|  |   |
|--|---|
| <p><b>LOCATION:</b> Madison City Schools<br/>211 Celtic Dr.<br/>Madison, Alabama 35758</p> <p><b>PHONE:</b> (256) 464-8370</p> | <p>Madison City Schools must receive this completed registration form by the regular registration deadline set by the student's zoned school.</p> <p>There is no tuition and minimal fees in the fall and spring sessions.</p> <p>All semester tests, exams, and Alabama-mandated tests must be taken in the presence of a proctor at the student's zoned school.</p> |
|--|---|

### Virtual Course Options

| Course Number                   | Full Name of Course | Credits |
|---------------------------------|---------------------|---------|
|                                 |                     |         |
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|                                 |                     |         |
|                                 |                     |         |
|                                 |                     |         |
|                                 |                     |         |
| <b>Total Number of Credits:</b> |                     |         |

### On-Campus Courses

| Course Number                   | Full Name of Course | Credits |
|---------------------------------|---------------------|---------|
|                                 |                     |         |
|                                 |                     |         |
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|                                 |                     |         |
|                                 |                     |         |
|                                 |                     |         |
| <b>Total Number of Credits:</b> |                     |         |

\*Total number of combined credits for the academic year must be equal to or greater than 8.

**Student receives IEP, 504, or EL services.**  YES  NO Specify: \_\_\_\_\_

\_\_\_\_\_ Student Signature

\_\_\_\_\_ Parent/Guardian Signature

\_\_\_\_\_ Counselor Signature

\_\_\_\_\_ Administrator Signature