



RPHS Virtual Course Request Form



The student and parent/guardian should complete this form and return to the guidance counselor or building principal prior to the start of the semester.

Student Name: _____

Enrollment Term: _____

Hour of Enrollment: _____

Course Name: _____

Online Provider: _____

Student Signature

Date

Parent/Guardian Signature

Date

Office Use Only

_____ Yes, it has been determined that the student is approved for the virtual course above.

_____ No, we believe it is not in the student's best interest to take the stated virtual course for the following good-cause reason(s): _____

Principal Signature

Date

Counselor Signature

Date