

Idaho Digital Learning Academy – Registration Information

PLEASE PRINT LEGIBLY – ALL FIELDS ARE REQUIRED

<p>Student Name (First Name & Last Name) _____</p> <p>()</p> <p>Home Phone _____</p> <p>()</p> <p>Cell Phone _____</p> <p>Student Address _____</p> <p>Are you of Hispanic or Latino descent (of any race)?</p> <p><input type="checkbox"/> YES <input type="checkbox"/> NO</p> <p>Please indicate the location where the courses will be taken:</p>	<p>Date of Birth (MM/DD/YY) _____</p> <p>High School Graduation Year _____</p> <p>Student Email Address _____</p> <p>City, State, Zip Code _____</p> <p>Please choose one or more races that apply to you:</p> <p><input type="checkbox"/> American Indian/Alaskan Native <input type="checkbox"/> Asian</p> <p><input type="checkbox"/> Native Hawaiian/Other Pacific <input type="checkbox"/> White</p> <p><input type="checkbox"/> Black/ African American</p> <p><input type="checkbox"/> Mostly from HOME <input type="checkbox"/> Mostly from SCHOOL</p> <p><input type="checkbox"/> Equally from HOME and SCHOOL</p>
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Home Contact Information

<p>Home Contact Name (First Name & Last Name) _____</p> <p>Address (if different than Student's) _____</p> <p>()</p> <p>Home Phone _____</p>	<p>Home Contact Email Address _____</p> <p>City, State, Zip Code _____</p> <p>()</p> <p>Cell Phone _____</p>
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Course Selection

PLEASE LIST THE COURSES YOU WISH TO ENROLL IN

<p>Course Title _____</p> <p>Session _____</p> <p>(example: Jan 16wk, Summer 9wk)</p>	<p>Course Title _____</p> <p>Session _____</p> <p>(example: Jan 16wk, Summer 9wk)</p>	<p>Select the best reason for the enrollment:</p> <p><input type="checkbox"/> Not Offered Locally <input type="checkbox"/> Medical Reason</p> <p><input type="checkbox"/> Schedule Conflicts <input type="checkbox"/> Early Graduation</p> <p><input type="checkbox"/> Retake Failed Class <input type="checkbox"/> Homeschool Student</p> <p><input type="checkbox"/> University/AP Credit</p>
		<p>Select the best reason for the enrollment:</p> <p><input type="checkbox"/> Not Offered Locally <input type="checkbox"/> Medical Reason</p> <p><input type="checkbox"/> Schedule Conflicts <input type="checkbox"/> Early Graduation</p> <p><input type="checkbox"/> Retake Failed Class <input type="checkbox"/> Homeschool Student</p> <p><input type="checkbox"/> University/AP Credit</p>