VHS@WHS Application Date Application Submitted_____

***** PLEASE MAKE A COPY BEFORE COMPLETING*****

Name:_____ Year of Graduation:_____

Email Address where you can easily be contacted:_____

Name and code of courses you wish to take (list your 3 choices in order):

Choice	Course Name	Course Code	spring	fall	year
1					
2					
3					

School Counselor:_____

Explain why you want to take this course. State why taking this course would enrich your academic experience, and why you would be a good candidate for an online course.

and that I may need to continue to work on VHS material while WHS is on break.

- I understand that VHS courses will not count towards my GPA
- I understand that VHS courses may not be used to meet specific graduation requirements
- I understand that I will be required to abide by all VHS regulations and requirements
- I understand that if I do not participate in VHS in a timely fashion, I may be withdrawn from the course, or required to participate in VHS during an assigned period of the school day

_____ _____

Name of Parent or Guardian (Print) Name of Student (Print)

_____ _____

Signature Date Signature Date

Please return this for to Mr Kelton, Phillips House.

updated 2.27.10