Montgomery School District **2023-2024**

Montgomery High School **OPTION**
Guidance Office

1016 Route 601
Skillman, NJ 08558
(609) 466-7602
Fax: (609) 466-7689

Approval Notification
Student/Parent emailed:
Provider notified:
End date:

Option II Application Guidelines:

- Complete and submit **this application and** the **course description or syllabus** to your **Guidance Counselor** by **5/12/23** for the summer session, **9/9/23** for the fall**, and 9/23/23** for full-year courses and **1/13/24** for the spring.
- See the Option II guidelines listed in the board approved Program of Studies (found online).
- All Option II courses **must receive prior approval**. Courses taken without prior approval **will not** get MHS credits.
- A proficiency test is required for Option II math courses. Test results are used for placement.
- Your signature indicates that you have read, understood, and will adhere to the guidelines in the Program of Studies.

Student Name: _____**Submission Date:** _____ **Grade in 2022-2023**: ☐
(***Please Print****: Last Name, First Name)*

Rationale: **ORIGINAL CREDIT:** _____ I am seeking original credit for a course I have not yet taken at MHS
CREDIT RECOVERY: _____ I am seeking credit recovery for a course that I failed at MHS
NON-CREDIT ENRICHMENT: _____ I am seeking a non-credit course for my own interest and development

If you have selected "Original Credit" please select the reason for your request:

☐ Advancement ☐ Fulfilling Graduation Requirement ☐ Course Not Offered at MHS

(Please explain) _____

Counselor Name: _____**Signature:**_____**Date:**_____

Name of Course and Course Code (if applicable):

_____

Provider/Instructor: _____

Session (choose one):
___Summer ___Fall ___Spring ___Full Year

Expected Start Date: _____

Student Signature: _____

Student email: _____

Parent/Guardian Signature:_____

Phone: _____

Math Proficiency Test Date
(If applicable):

August 1, 2023 9 a.m.

For Office Use Only

☐ Denied Reason: _____
_____

☐ Approved Number of credits: _____

☐ Content Area
Supervisor Signature: _____ Date: _____

Pre- and Post-Assessment Dates:
(If required) Pre: Post:

Guidance Director
Signature: _____ Date: _____