

Independent School District No. 1 Idaho Digital Learning Academy – Registration and Payment Form

Website & Course access: www.idahodigitalllearning.org

School: LHS Jenifer Sacajawea Tammany

Student Name(First Middle Last): _____ Gender: M/F Date of Birth: _____

Graduation Year: _____ Ethnicity & Race: Latino Yes or No Choose One: White or other, if other please specify _____

Home Address: _____ City, State Zip: _____

Home Phone#: _____ Student Cell #: _____ Student Email Address: _____

Parent Contact Name: _____ Parent address if different than above: _____

Parent Cell #: _____ Parent Email Address: _____

Payment Information: Course Fee(s) **\$75.00 per course** Number of Courses _____ Total Payment Due: \$ _____
(Full payment must be attached in order to register and is not reimbursable. **Make checks out to Independent School District No.1**)

I understand enrolling in any course(s) will result in the grade being a part of my official high school transcript. The grade(s) will be reflected in my cumulative Grade Point Average (GPA), class rank, honor roll, valedictorian-salutatorian status, and may affect NCAA eligibility, college admissions, and financial aid. IDLA courses are transcribed on your high school transcript regardless if you pass/fail/withdraw. Dual credit classes are transcribed on your high school transcript and your college transcript. It is the students responsibility for monitoring academic progress and communication with the IDLA teacher. I understand course payment is my responsibility unless otherwise noted.

I have been given the information and expectations of the program and agree to the requirements and conditions.

Student Signature: _____ Date: _____

Parent Signature: _____ Date: _____

SCHOOL COUNSELORS SECTIONS

Is student on an IEP or 504? Yes or No

Is this student at risk? Yes No

Reason for enrollment: (Select One)

- Not Offered Locally
- Schedule Conflict
- Retake Failed Class
- Early Graduation
- Online Course Preference
- University/AP Credit
- Homeschool student
- Medical Reason
- Unable to attend School

Location where the course is taken: (Select One)

- Mostly from School
- Mostly from Home
- Equally from Home and School
- Other

Is this in addition to a full schedule at the local school? Yes No

Will Advanced Opportunity Funds be used?
 Yes No
Failed a prior Advance Funded Class?
 Yes No

Course(s) Requested:

1. _____ Flex or Cohort **Session** Sept Nov Dec Jan Feb Mar Sum
 9 week 12 week 16 week early late
2. _____ Flex or Cohort **Session** Sept Nov Dec Jan Feb Mar Sum
 9 week 12 week 16 week early late
3. _____ Flex or Cohort **Session** Sept Nov Dec Jan Feb Mar Sum
 9 week 12 week 16 week early late
4. _____ Flex or Cohort **Session** Sept Nov Dec Jan Feb Mar Sum
 9 week 12 week 16 week early late

I approve the above requested courses:

Counselor Signature: _____ Date: _____ Fees paid: \$ _____ Ck# _____ or Adv Opp

Principal Signature: _____ Date: _____ District Pay (signature): _____