JCPSeSchool/Independent Study Application

PLEASE CHECK WHICH PROGRAM YOU WANT TO ENROLL THE STUDENT IN.		
ENROLL THE STUDENT IN.	PLEASE CHECK WHICH	PROGRAM YOU WANT TO
	ENROLL THE STUDENT	IN.
JCPSeSchool Independent Study	JCPS eSchool	Independent Study

900 South Floyd Street • Louisville, KY 40203 • 485-7800 Fax: 485-7801

PLEASE CHECK WHICH PR	ROGRAM YOU WAN	ГТО					
ENROLL THE STUDENT IN.	ı						
JCPS eSchool	Independent Study						
LAST NAME: (Please print all information except signatu	ires.)	F	FIRST NAME:				MI:
DATE OF BIRTH: S'	TREET ADDRESS:	·			TELEPHONE NUMB	BER:	
					()		
CITY			STATE	ZIP CODE		SEX (Cirde	One)
SCHOOL NAME:			REQUIRED DATE OF C	OMPLETION			Male Female
CONTOCENT UNIE.		['	REQUIRED DATE OF G	OMPLE HON			
EMAIL ADDRESS:		COURSE NUMBER:	t:		COURSE TITLE:		
				\neg			
COUNSELOR AUTHORIZATION	N:				ant Information adent must enroll at the		
				JCPS6	eSchool/Independent St		
COUNSELOR'S NAME (Please Print)		DATE	Ξ	Office	in person.		
					pplication must be signe	•	
COUNSELOR'S SIGNATURE		DATE	<u> </u>	author	rized school personnel t	o be valid.	
					hool Students		lefferson County
STUDENT: I have been made aware of the policies and procedures for JCPSeSchool						Jefferson County Public Schools	
and agree to all the requirements contain	ed therein.			GIIIOIIII	nen.		Shaping the Future
STUDENT SIGNATURE		DATE			www.icpskv.ne		
STODENT SIGNATURE DATE				require	3 lexibooks of additiona	il Inalenais.	EQUAL OPPORTUNITY/AFFIRMATIVE ACTION EMPLO YER OFFERING EQUAL EDUCATIONAL OPPORTUNITIES
PARENT/GUARDIAN: I agree to enroll to	the student named above a ; a	part-time stude	ent in Jefferson		ent Study Students		JCPSeSchool/IS Application 11/11
County High School/Jefferson County Public Schools. For parents/guardians of private, parochial, and homeschooled students only.				 Tuition and fees must be paid at the time of the enrollment. 			
PARENT'S SIGNATURE DATE				The cost of the textbooks varies and is not included in the tuition.			
OFFICE USE ONLY					bidded in the talle		
TUITION:	FEES:		TOTAL:		DAT	TE OF ENROLLME	ENT:
CASH PAID:	CHECK PAID:		MASTERC	CARD/VISA PAID:	REC	CEIPT NO.:	