

WICKLIFFE HIGH SCHOOL

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Shyla Metsker, Principal
Larry Balduff, Assistant Principal
Sara Hall, School Counselor (A-L)
Leah Porcello, School Counselor (M-Z)
Judy D'Angelo, Secretary
Charie Trivisonno, Clerk Custodian

Online Course Request

Students are only approved to take online courses for specific reasons due to a limited number of licenses. The specific reason for taking an online course will determine if a fee of \$100 per semester course (1/2 credit) will be assessed to the student fee account.

Student Name: _____

Date: _____

Course(s) Requested: 1. _____

2. _____

Semester Requested (circle one): S1 – FALL

S2 – SPRING

S3 - SUMMER

Reason for online course request (select one):

* Please Note: Remedial courses, which are requested due to a course failure, are at the expense of the student/parent.

- WHS does not offer this course on the master schedule (\$100/semester course may be assessed).
- My current Tech/CCP schedule interferes with the time(s) this course is offered at WHS.
- I have a medical diagnosis or condition (verified by a medical professional) that requires me to spend extended periods of time away from school.
- I am implementing an intervention or enrichment plan as determined through a formal IEP, 504, BIP, or other plan created by a teacher, counselor or administrator with the approval of my parent/guardian.
- My parent/guardian has requested that I take online courses at a cost of \$100 per semester course (1/2 credit) for the following reason(s):

If approved, my child, _____ (print student name), and I understand that he/she is responsible for completing and passing each course(s) that has been requested above. I understand that each course MUST be completed and passed by the final day of the selected semester. If my child does not complete and/or pass a requested course on or before the final day of the semester, I understand that he/she will be assessed a **\$50.00 Incomplete Course Fee**. If my child's fees have already been assessed a \$100/semester course (1/2 credit) fee at the time of online course enrollment, I understand that this **\$50.00 Incomplete Course Fee** is in addition to that initial fee.

Student Signature: _____ Date: _____

Parent/Guardian Signature: _____ Date: _____

----- Office Use Only -----

Approved: _____ Denied: _____

**Pending Approval: _____ (See Mrs. Metsker to discuss)