RIVERSIDE UNIFIED SCHOOL DISTRICT

RIVERSIDE VIRTUAL SCHOOL

Concurrent Enrollment Form

For office use only

Orientation: _____
Blackboard Training: _____
Start Date: _____

*This form must be submitted each semester to enroll in RVS courses - Please **print clearly***

School of Enrollment: _____ Counselor: _____ Counselor Phone Number/Email: _____

Student Name: _____ Student ID #: _____

Student Home Address: _____ _____

Number & Street City Zip

Has student completed a pervious online class? YES NO

Home Phone: _____ Parent Work Phone: _____ Alt Phone: _____

Student Date of Birth: _____ Age: _____ Grade Level: _____

Parent Email: _____ Student Email: _____

Reasons for pursuing online courses: _____

List selected courses Enrollment in courses requested is contingent on space availability and the satisfaction of any prerequisites. Please confer with your high school counselor to determine which courses are appropriate.		Course Name(s)	Sem. 1 Only	Sem. 2 Only	Full Course	First Time Taking Class	Grade Improvement
	Course 1					Yes No	Yes No
	Course 2					Yes No	Yes No
	Alternate Course					Yes No	Yes No

For Principal or designee of referring school site

This student has the ability to benefit from taking the above listed online course(s). Student is currently enrolled in at least four periods at his/her school of attendance. Student has met any course prerequisite(s). I certify the online course is an appropriate option at this time.

Principal or designee (Please print) | Title | Signature | Date

For Student:

*I attend at least four periods each day at my high school, have availed myself of all opportunities to take the requested classes at my school and can benefit from access to courses online. I understand that the requirements for attendance, the amount of work, and level of personal responsibility in an online course is **equal to or greater than** that of a traditional classroom. I commit to following through with the courses and will seek out whatever level of support I need in order to be successful.*

For Parent/Guardian:

I accept responsibility for my child's behavior while he/she is participating in Riverside Virtual School course(s). I understand my child will be working to complete RUSD high school graduation requirements and the results will be posted to official transcripts at their high school of record at the end of the traditional grading period.

Student Name (Please print) | Student's Signature | Date

Parent/Guardian Name (Please print) | Parent/Guardian Signature | Date

Distribution: Original: RVS Yellow: Student Pink: School