

REGISTRATION FORM FOR “ONLINE”

Gov't-Econ, US Hist 1A-1B, World Hist 1A-1B



REQUIREMENTS FOR ENROLLMENT IN ONLINE HISTORY FOR ORIGINAL CREDIT

1. You **MUST** be an **INDEPENDENT LEARNER**: Self-Disciplined, with good organizational & time-management skills.
2. A minimum **3.0** cumulative GPA is strongly recommended.
3. Online courses are not guaranteed. Classes are for students with impacted schedules.
4. Students will be dropped by the end of the second week of school if they have not met with their online instructor.
5. Have average to above average computer skills.
6. Have a **CNUSD INTERNET PERMISSION** form on file to access on-campus computers.
7. Have a computer with strong internet access, a stable internet browser (Chrome, Int Exp, Edge, Firefox, Safari, etc.) along with an updated version of **ADOBE FLASH, ACROBAT READER, and JAVASCRIPT** (these are all free downloads).

INSTRUCTORS

Government/Economics

Mr. B. O'Hara—L101
bohara@cnusd.k12.ca.us

U.S. History 1A-1B

Mr. B. O'Hara—L101
bohara@cnusd.k12.ca.us

World History 1A-1B

Ms. P. Tilton—E208
ptiltonmolocznik@cnusd.k12.ca.us

Complete and return this form to your counselor.

Today's Date _____ (mm/dd/yyyy) Name of Counselor _____ GPA _____

Student Name _____ Student ID # _____

Place an X on the appropriate space/course.

During the _____ - _____ school year, I would like to be enrolled in online:

<input type="checkbox"/> Government	<input type="checkbox"/> US History 1A	<input type="checkbox"/> World History 1A
<input type="checkbox"/> Economics	<input type="checkbox"/> US History 1B	<input type="checkbox"/> World History 1B

I will be in the _____ 12th Grade, _____ 11th Grade, _____ 10th Grade when I take the above online course(s).

Contact Information: Please provide a working email address that you (the student) will consistently check.

Student Email Address: _____

Parent-Guardian Name(s): _____

Parent-Guardian Email Address _____ Name _____

Phone #'s Home () _____ Contact Name _____

Cell () _____ Contact Name _____

Work () _____ Contact Name _____

I understand the above 7 requirements listed above and **AGREE** to provide and maintain a working computer (w-internet access) for my student

Parent-Guardian Signature _____

Office Use Only

Counselor

Teacher