



# STUDENT REGISTRATION FORM

Revised 2/26/18

## Student Information

Student First Name: \_\_\_\_\_

Student Last Name: \_\_\_\_\_

Username: Your username will be your school Email address

Password: UTSCchange7

State Student ID (SSID): \_\_\_\_\_

Student Graduation Year: \_\_\_\_\_

Student School email: \_\_\_\_\_

Current IEP or 504:      Yes                  No

District: \_\_\_\_\_

School: \_\_\_\_\_

## Parent Information

Parent First Name: \_\_\_\_\_

Parent Last Name: \_\_\_\_\_

Parent Email: \_\_\_\_\_

Parent Phone: \_\_\_\_\_

Parent Signature: \_\_\_\_\_

## School Counselor Information

School Counselor First Name: \_\_\_\_\_

School Counselor Last Name: \_\_\_\_\_

School Counselor Email: \_\_\_\_\_

Enrollment	Subject/Teacher	Quarter					Content			
		When the course will be taken					Which part of the course will be taken			
<b>Course 1</b>	Subject:									
Select 1:    Enroll      Withdrawal      Re-Enroll		SU	Q1	Q2	Q3	Q4	A	B	C	D
Select 1:    Original      Recovery      Summer	Teacher's name if Re-Enroll:									
<b>Course 2</b>	Subject:									
Select 1:    Enroll      Withdrawal      Re-Enroll		SU	Q1	Q2	Q3	Q4	A	B	C	D
Select 1:    Original      Recovery      Summer	Teacher's name if Re-Enroll:									
<b>Course 3</b>	Subject:									
Select 1:    Enroll      Withdrawal      Re-Enroll		SU	Q1	Q2	Q3	Q4	A	B	C	D
Select 1:    Original      Recovery      Summer	Teacher's name if Re-Enroll:									
<b>Course 4</b>	Subject:									
Select 1:    Enroll      Withdrawal      Re-Enroll		SU	Q1	Q2	Q3	Q4	A	B	C	D
Select 1:    Original      Recovery      Summer	Teacher's name if Re-Enroll:									
<b>Course 5</b>	Subject:									
Select 1:    Enroll      Withdrawal      Re-Enroll		SU	Q1	Q2	Q3	Q4	A	B	C	D
Select 1:    Original      Recovery      Summer	Teacher's name if Re-Enroll:									
<b>Course 6</b>	Subject:									
Select 1:    Enroll      Withdrawal      Re-Enroll		SU	Q1	Q2	Q3	Q4	A	B	C	D
Select 1:    Original      Recovery      Summer	Teacher's name if Re-Enroll:									