

**APPLETON eSCHOOL SUMMER COURSE APPROVAL  
FOX VALLEY SUMMER CONSORTIUM**

**This course approval form is to be completed by students residing outside the Appleton Area School District. Appleton Area School District students are exempt from completing this form. All other registration requirements apply.**

- Step 1 - Complete the following form and have it signed by the Summer School Coordinator for your school. Written permission must be obtained from the student's home district's Summer School Coordinator before enrolling in a course in another district.**
- Step 2 - Logon to the eSchool website ([www.aasd.k12.wi.us/eschool](http://www.aasd.k12.wi.us/eschool)) and register online for your course. Select your course and choose June 2007 as your start date. Print the 2-page Course Request Form. Obtain signatures from yourself (the student), the parent/mentor/guardian, and your guidance counselor.**
- Step 3 - Attach this form (eSchool Course Approval) to your Course Request Form. Enclose your course fee of \$15 made payable to Appleton eSchool. Return all completed documents to the eSchool office by dropping off in our office, interschool mail, or snail mail to: Appleton eSchool, 2121 Emmers Drive, Appleton, WI 54915. Receipt of the completed original signed forms reserves a seat in the course. Seats are filled on a first-come, first-served basis.**

**Confirmation: Upon approval of all course request materials, the student will be sent an email giving them instructions for the online orientation mini-course.**

(PLEASE PRINT CLEARLY)

STUDENT'S HOME SCHOOL DISTRICT: \_\_\_\_\_ STUDENT'S HOME SCHOOL: \_\_\_\_\_

STUDENT'S NAME (FIRST, MIDDLE INITIAL, LAST): \_\_\_\_\_ BIRTHDATE: \_\_\_\_\_

STUDENT'S EMAIL ADDRESS: \_\_\_\_\_ HOME PHONE: \_\_\_\_\_ DATE: \_\_\_\_\_

**DURING THE SUMMER SESSION, STUDENTS ARE ELIGIBLE TO TAKE ONE HALF-CREDIT COURSE.**

Course Name	Course Location	Dates	Credit	*Cost
	APPLETON eSCHOOL	June 11 – July 27, 2007	.5	\$15.00

APPROVALS:

SUMMER SCHOOL COORDINATOR: \_\_\_\_\_ SIGNATURE OF SS COORDINATOR: \_\_\_\_\_

DATE: \_\_\_\_\_ EMAIL ADDRESS: \_\_\_\_\_ PHONE: \_\_\_\_\_

FOR eSCHOOL OFFICE USE ONLY:

Course Completed \_\_\_\_\_ Grade \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_

Course NOT Completed \_\_\_\_\_ Grade \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_ Reason: \_\_\_\_\_