

Ypsilanti Community Schools
 On-Line Class Enrollment Form
 DUE JUNE 1 FOR FALL ENROLLMENT

Student Name:		Building:
Date of Birth:	Grade for the 17-18 School Year	
Address:		
City:	State:	Zip Code:
Student Email:		
For the 2017-18 School Year	Semester: ___1 st ___2 nd	
Subject:	Course Title:	
This course will be in lieu of:		
Parent Name:		Phone:
Parent Email:		
Parent Signature:		Date:

FOR OFFICE USE ONLY	
Date Received:	Course Approved: ___YES___NO
Course Title and Provider Name:	
Placement Approved: ___YES___NO	Student Mentor:
Student Enrolled: ___YES___NO	Final Course Grade:
Counselor Signature:	
Principal Signature:	
Office of Student Affairs Signature:	