



**TUSCALOOSA CITY SCHOOLS
VIRTUAL PROGRAM**
1210 21st Avenue
Tuscaloosa, AL 35401
205.759.3700 205.759.3542 (fax)

APPLICATION FOR ADMISSION

- FULL TIME (requires approval)
 PART TIME

Please complete the entire application.

STUDENT INFORMATION:

Last: _____ First: _____ Middle: _____

Birthdate: ____/____/____ Age: _____ Gender: _____ Race: _____ Grade: _____

Address: _____
Street Address City State Zip

Telephone: _____ / _____
Student's Home Phone Student's Cell Phone

Student's Email Address: _____

Current School: _____ Date: _____

School Address: _____

Does the student receive ESL Services? Yes No

Does the student have an IEP? Yes No

What courses are being requested? _____ Term(s): _____

Why is the request being made to enroll in courses virtually? (please respond in writing on the back of the application.)

PARENT/GUARDIAN INFORMATION:

Parent/Guardian's Name: _____

Address: _____
Street Address City State Zip

Telephone: _____ Emergency Telephone: _____

Student Signature: _____ Date: _____

Parent/Guardian's Signature: _____ Date: _____

Approved: _____ Denied: _____

Return form to local school counselor. Date received: _____

Counselor's Signature: _____ Principal's Signature: _____

Please keep all requests on file in the school. Forward year-long requests to Dr. James Pope.

Deputy Superintendent/ Central Office Designee Signature: _____