



Credit Request Form for Non-WHS Classes

PLEASE PRINT CLEARLY

Student Name _____ YOG _____

Guidance Counselor: _____

***TO BE FILLED OUT BY COUNSELOR ONLY. PLEASE DO NOT USE COURSE ABBREVIATIONS.**

*Course: _____ * #Credits Offered _____

*Course Provider: ___ TEC Online (TOA) ___ TEC Connections (TEC CL)

* ___ Semester 1(Fall) ___ Semester 2 (Spring) ___ Full Year

* ___ Other (Name) _____
(Site, Location, or Institution)

*Does the student have an IEP or 504? IF yes, please check: ___ IEP ___ 504

In taking an online class, the student will learn in a more independent environment than they are familiar with. The student will need to log in at least 5 times per week, check email daily and complete assignments on time. By signing this document, you are confirming that these responsibilities have been thoroughly discussed, and that the student and parent are confident that the student is ready to learn in an online environment.

All courses are the financial responsibility of the student and family.

TEC Online/TEC Connections: The student is required to pay in advance a \$100 fee per semester. Please note that if the student withdraws from the course after the TEC add/drop period, the student is responsible for the entire payment of \$300 per course.

Checks should be made out to *Walpole Public Schools*.

Student Date

Parent Date

Payment received by Guidance Office : Date _____ Time _____ Check # _____

****OFFICIAL COURSE DESCRIPTION MUST BE ATTACHED****

See other side

Signatures below indicate approval of attached curriculum and terms:

Department Head _____
Date

Noted condition(s) of approval: _____

If departmental conditions are not met, the agreement is void.

Upon receipt of documentation noting the completion of the course...

Course will NOT count / will count for _____ Walpole High School CREDIT(s).

Course will NOT be / will be noted on Walpole High School transcript.

Course will NOT count / will count toward Walpole High School GPA calculation.

Course will NOT count / will count toward Walpole High School graduation requirements.

Specific Requirement: _____.

Guidance Director _____
Date

For Office Use Only:

Registered (TEC Only): _____ Initials: _____
Final Approval Given to Student: _____ Initials _____
(Attached) Proof of Completion Received: _____ Initials _____
(If applicable) Transcript Updated: _____ Initials _____
(If applicable) Schedule Adjusted: _____ Initials _____