Simi Valley Unified School District   Fall 20_____
Request to Enroll in a Non-District Program of Instruction Spring 20_____
                          Summer 20_____

This form must be completed, returned to counseling office, and approved prior to start of instruction. Non-District Program of instruction must be accredited.

Student Name:_____ ID# _____
Grade level in school (or if summer, grade in fall): please circle 9th,   10th,   11th,   12th
Course (s) I would like to take: _____
(Attach course description)
Where I would like to take course (s) : _____
School accredited by: _____
(Attach documentation)
Reason for request: _____Accelerated course_____ a – g Requirement_____Enrichment
         _____Credit recovery
Explanation: _____
_____
_____

Accelerated courses are only for students who have enrolled in a combination of specialty courses in the following school year. Students must provide a "4 year plan" which shows no room for the desired course.
Proposed Schedule:

Period	1st Semester	2nd Semester
2		
3		
4		
5		
6		
7		

Initial below that you have read and understand the following:

- _____ We DO NOT guarantee that the online or college course you select is an "a – g" acceptable course. If you are using this course to satisfy a college requirement, you need to contact ALL the colleges you are interested in to make sure it satisfies their requirements.
- _____ Courses taken over the summer must be completed and a transcript sent to the counseling office by the third week in August for any necessary adjustments to next year's schedule.
- _____ No more than 30 credits of "out of district" education can be used during a school year. An official transcript/grade report is required to be turned in by mid-August (summer).
- _____ If you are taking a course to go ahead in math, foreign language, or science, there is no guaranteed space in the next level course of the ensuing school year.

Mark if applicable:
□ For High School credit

_____Date:_____/_____Date:_____
Student Signature   Parent's

For office use only: □ Request approved for High School Credit
        □ Request approved for "a – g"
        □ Request denied

 Counselor signature: _____Date:_____