

# Madison City Schools Virtual Option 2019-2020 Registration Form



Student Name _____	Zoned School 2019-20 _____
Street Address _____	School Grade 2019-20 _____
City & Zip Code _____	Student Age / DOB _____
Name of Parent/Guardian _____	Parent Phone _____
Student Cell Phone _____	Parent Email _____

<p><b>LOCATION:</b> Madison City Schools 211 Celtic Dr. Madison, Alabama 35758</p> <p><b>PHONE:</b> (256) 464-8370</p>	<p>Madison City Schools must receive this completed registration form by the regular registration deadline set by the student's zoned school.</p> <p>There is no tuition and minimal fees in the fall and spring sessions.</p> <p>All semester tests, exams, and Alabama-mandated tests must be taken in the presence of a proctor at the student's zoned school.</p>
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### *Virtual Course Options*

Course Number	Full Name of Course	Credits
<b>Total Number of Credits:</b>		

### *On-Campus Courses*

Course Number	Full Name of Course	Credits
<b>Total Number of Credits:</b>		

\*Total number of combined credits for the academic year must be equal to or greater than 8.

**Student receives IEP, 504, or EL services.**  YES  NO Specify: \_\_\_\_\_

\_\_\_\_\_ Student Signature

\_\_\_\_\_ Parent/Guardian Signature

\_\_\_\_\_ Counselor Signature

\_\_\_\_\_ Administrator Signature

FOR OFFICE USE: \_\_\_\_\_

DATE RECEIVED

NOTES