

## **WPSD Part-Time Students**

Date:			
Students Name:	Grade:	DOB:	School:
Parent Name:			
Address:			Phone:
Students who are residents of Woo education programs (private school or hom provided the following conditions are met: minimum of 90 hours/semester; (2) the stu	ne study) may b	oe enrolled in contains is enrolled at the	urses without payment of tuition e beginning of the Fall term for a
space and facilities are available. Addition on on-line program, must provide a letter fron	-	_	
and willingness to share funding.	ar the other dist	inot, program m	dicums mic weege of data emonates
Registration Request:			
<ol> <li>Requested courses through WPSD:         WPHS, or at least 6 hours/week at</li> <li>Student's curriculum for classes no</li> </ol>	t the elementary	y)	id at least 2 classes at WT WIS OF
3.) Is the student attending another school program?Yes If Yes, which district/program? And, if a Colorado school district coindicating their agreement to share	No or Colorado on		ng classes through a computer on-line a letter provided from that program
Parent Signature:  Registrar/Counselor Signature:			
Principal/Program Supervisor Appro	wa1•		