Request for Change in Enrollment

Forward Completed Form To:
Northern Star OLL Registrar
1820 Xenium Lane N
Plymouth, MN 55441
Phone: 763-550-7285  FAX: 763-550-7199

This form may only be used as an addendum to a previously submitted Enrollment Application.

Section 1. To be completed by the Student and Parent or Guardian.

School Year: _______________ Please Check: ☐ Fall ☐ Spring ☐ Summer

PLEASE PRINT CLEARLY

Student’s Name: ___________________________________________________________

Last First Middle

Student’s Phone # (______ ) __________________________ E-Mail Address: __________________________

New School/District (if applicable): __________________________

PLEASE MAKE THE FOLLOWING CHANGE(S) TO MY ENROLLMENT:

(Add/Chg) __________________________

(Add/Chg) __________________________

Check one of the following:
☐ 1. Request extension of Independent Study course to next term
☐ 2. This course work will substitute for other course work in my home district. (Must be verified by the school counselor in Part 2.)
☐ 3. This course work is being taken in addition to regular district course work and I agree to pay the tuition ($375 per semester course or $250 per trimester course) for which I will be billed.
☐ 4. This course work is being taken in addition to regular district course work and will be taken through Independent Study (contact Counselor for details)
☐ 5. Student requests participation in the IS Virtual Contact Time Pilot for a previous IS enrollment and agrees to meet the requirements in the attached description.

________________________________________
Parent/Guardian Name

________________________________________
Applicant’s Signature          Date

________________________________________
Parent/Guardian Signature       Date

Section 2. To be completed by the School Counselor (only if adding a new course).

Check one of the following:
☐ This course work will substitute for other course work in the enrolling district and will be funded by the normal funding formula for On Line Learning.
☐ This course work is being taken in addition to regular district course work and the student will pay tuition ($375 per semester course or $250 per trimester course) for which I will be billed.
☐ This course work is being taken in addition to regular district course work and will be taken through Independent Study (contact Counselor for details)

Enrolling District’s Counselor/Designee Name (PRINT) __________________________

Phone # __________________________

E-mail Address __________________________________________

Enrolling District’s Counselor/Designee Signature __________________________

Date __________________________

Student’s Current School & Phone number __________________________________________

It is the policy of Intermediate District 287 not to discriminate on the basis of sex, color, national origin or handicap in its educational programs and/or activities.
All Information is protected under the Data Privacy Act.

(Revised 8/2/07)