



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

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