

MORGAN HILL COMMUNITY ADULT SCHOOL

CONCURRENT STUDENT PERMISSION TO ENROLL AND CONTRACTUAL AGREEMENT FOR ADULT INDEPENDENT STUDY

TO BE COMPLETED BY HIGH SCHOOL COUNSELOR

STUDENT NAME _____
 ADDRESS _____ CITY _____
 PHONE _____ E-MAIL _____

High school: ___ Live Oak ___ Sobrato ___ Central
 Grade ___ 11 ___ 12
 Reason for enrolling _____

This course work must be completed no later than (counselor checks one):
 May 19, 2017 other date, if earlier: _____
 ___ Student with IEP (attached) ___ Student with 504 Plan

Date of Counselor/Parent conference: _____

CLASS REQUESTED (LIMITED TO ONE 5-UNIT CLASS PER REFERRAL; CHECK SEMESTER WHERE APPROPRIATE):

- | | | |
|--------------------------------|-----------------------------------|------------------------------------|
| ___ English 9 (Sem __ 1 __ 2) | ___ US History (Sem __ 1 __ 2) | ___ Algebra 1 (Sem __ 1 __ 2) |
| ___ English 10 (Sem __ 1 __ 2) | ___ World History (Sem __ 1 __ 2) | ___ Geometry (Sem __ 1 __ 2) |
| ___ English 11 (Sem __ 1 __ 2) | ___ US Govt/Civics | ___ Math for World of Work (5 cr.) |
| ___ English 12 (Sem __ 1 __ 2) | ___ Economics | ___ Math Review (5 cr.) |

Student is being referred to Adult School for: ___ 5 required units OR ___ 5 elective units

By signing this agreement, student , counselor and parent/guardian agree that: the student will complete all course work by the completion date set by the high school counselor; the student will attend regularly, complete all class assignments satisfactorily; behave in a mature and appropriate manner when attending the Adult School; and be respectful of others and of school property.

Student signature

Parent/Guardian signature

Counselor signature

Date

Counselor's e-mail @mhusd.org

For Adult School use only

Approved class	Units
_____	_____
_____	_____
Principal	Date