CONDOR
HIGH SCHOOL
Options Academy

ID #	NAME FIRST	LAST NAME	GRADE	BIRTHDAY

REQUEST FOR BLENDED ON CAMPUS COURSES DAILY

PERIOD	CAMPUS SITE	COURSE NUMBER	COURSE NAME
0			
1			
2			
3			
4			
5			
6			
7			

2 Periods maximum on comprehensive site

What is the School site for daily courses_____

Counselor at the daily campus _____

Student Signature _____

Condor Instructor Signature_____

Condor Counselor Signature_____

Condor Principal's Signature _____

Selection Date/Start Date_____

Sent to Site Registrar/Site Counselor _____

KG 1-19-19