JOINT SCHOOL DISTRICT NO 171

Board Policy 2460 F3: Request for Approval of Extended Learning Opportunity Program of Study

Student Name: _____ Application Date: _____

School: _____ Current Grade: _____

Course/Program to be taken and, if applicable, course number: _____

Semester/Year Course is to be Taken: _____ Location: _____

Course Description (Please attach)

Reason for Request (check all that apply):

☐ Review for credit/summer school (make-up course work for previously failed course)

Failed Course: _____

☐ Advanced course level in a given sequence for upcoming school year

☐ Name of (district school) equivalent course:

Equivalent Course Name: _____

☐ Earn additional high school credit (check all appropriate options):

☐ Independent study

☐ CTE Pathway

☐ Request for credit to be utilized for elective credit

☐ Other:

Other (describe): _____

Rationale for request (attach additional pages if necessary):

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If course is approved,

Credits to be Awarded: _____
credits will be awarded upon proof of successful completion.

Student Signature: _____ Date: _____

Parent/Guardian Signature: _____ Date: _____

School Counselor Signature: _____ Date: _____

Principal Signature: _____ Date: _____

Copy to:

☐ Student/Parent ☐ Student File ☐ School Counselor

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LEGAL REFERENCE:
Idaho Code Sections:
33-506 – Organization and Government of Board of Trustees 33-6401 et seq. – Extended Learning Opportunities