

Hamilton County Virtual School Registration Form

Student Information											
Last Name				First Name							
School		Grade		Ethnicity		Gender		Birth date / /			
Email			Address								
City		State		Zip Code		Cell Phone/Home Phone (if different)					
Parent Information											
Last Name				First Name						Cell/Home Phone	
Cell Phone/Home Phone (if different)			Email Address								
Course Information											
Course Name							_____		First Time		
							_____		Credit Recovery		
Course Name							_____		First Time		
							_____		Credit Recovery		

Principal Signature _____ Date _____

Onsite Facilitator Signature _____ Date _____

Student Signature _____ Date _____

Parent/Guardian Signature _____ Date _____