



## ONLINE COURSE ENROLLMENT FORM

Date: \_\_\_\_\_

Name of Student: \_\_\_\_\_

Grade: \_\_\_\_\_ Student Email: \_\_\_\_\_

Student Phone: \_\_\_\_\_

Full name of online course 1: \_\_\_\_\_

Credits: \_\_\_\_\_ Length of course: (check one)    Credit Rec    Semester    Full Year

Full name of online course 2: \_\_\_\_\_

Credits: \_\_\_\_\_ Length of course: (check one)    Credit Rec    Semester    Full Year

<p>Credit Recovery.....\$444 Semester course.....\$545 Full course.....\$685 (add \$100 for AP course) *required textbooks are the responsibility of the student</p>
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By signing below, the parent agrees that the student is permitted to take the above stated course(s). The parent agrees to full payment of said course(s) prior to registration, and that the fees are non- refundable. The parent also agrees to the guidelines set forth on TCA's website regarding online coursework.

Signature of parent: \_\_\_\_\_ Date: \_\_\_\_\_

Parent Email: \_\_\_\_\_

**(To be completed by Mr. Skaer)**

Date class starts: \_\_\_\_\_

Date class ends: \_\_\_\_\_

Signature of principal: \_\_\_\_\_ Date: \_\_\_\_\_

**(To be completed by Mr. Gordon or Mr. Thompson)**

Payment made: \$ \_\_\_\_\_ Date received: \_\_\_\_\_

Signature of Admissions Director/Academic Advisor: \_\_\_\_\_

Please return form to the 6-12 Principal's Office. Make checks payable to TCA and return check to the Main Office.

4301 Chandler Drive, Brookhaven, PA 19015 | 610-872-7600 | [tca-pa.org](http://tca-pa.org)