



Single Class Enrollment

School Year
2017/2018

Family Partnership Charter School
401 E. Fireweed Lane
Anchorage, AK 99503

www.familypartnership.asdk12.org

(907) 742-3700 (Office) / (907) 742-3710 (Fax)

Student Name: _____ Date: _____

Grade _____ Student ID (Zangle): _____

Contact Phone: _____ E-Mail: _____

School Requested: _____

Course: 1st choice _____ Course Code: _____
2nd choice _____ Course Code: _____
3rd choice _____ Course Code: _____

Session: AM _____ PM _____ Semester: 1 _____ Semester: 2 _____

Sponsor Teacher: _____

Full time and part time students have equal access to classes. Students may enroll in spring for the fall. Enrollment is contingent on space availability; register early. Grades will be assigned by the course instructor from that school.

The student agrees to follow all ASD rules and procedures (see the school Handbook). The student also agrees that he/she will arrive just prior to the lass and depart directly after the class unless prior written permission is obtained from the school Principal. Failure to abide by the above conditions will result in removal from the class.

ASD will not refund money after the first day of class

ASD (Middle School and High School) charges for classes: Limit of 1.5 credit per semester

1 class = (.50 credit) \$237.50
2 classes = (1.00 credit) \$475.00
3 classes = (1.50 credit) \$712.50

The ASD charge for this class is \$ _____. Parent signature below authorizes this amount to be deducted from the student's FPCS account.

Parent Signature _____ Date _____

FPCS Signature _____ Date _____

Sponsor Teacher Signature _____ Date _____

ILP entered into system: _____ Date _____

For Office Use Only

Approved: _____

Date: _____

School: _____

Designee: _____

Course Assigned: _____

Teacher: _____

Period: _____

Please return original to Family Partnership Charter School office.