

DISTANCE LEARNING APPLICATION FOR COURSES OUTSIDE OF GSSD

(To be completed by Principal prior to registration)

Student Information

Student: _____

School: _____

Date: _____

Grade: _____

Is the student registered in a Good Spirit School Division (GSSD) school?

☐ Yes ☐ No

Is this course necessary for meeting graduation requirements or entry into post-secondary programming?

☐ Yes ☐ No

If yes, please select one of the following:

☐ Post-secondary programming

Name of program and location: _____

☐ Graduation

Is this course being offered in the student's attendance boundary school or through GSSD Distributed Learning?

☐ Yes ☐ No

Was the student registered in GSSD prior to September 30th?

☐ Yes ☐ No

Does the student have the required technical equipment to take courses online?

☐ Yes ☐ No

Has the student taken distance learning courses in the past?

☐ Yes ☐ No

Has the student demonstrated past academic achievement to lead you to believe they would successfully complete the course requested?

☐ Yes ☐ No

Course Information

Name of course requested: _____

Name of school division offering course: _____

Tuition Total: _____

Please provide additional rationale and background information explaining why the student is applying for this distance learning course.

☐ Approved
☐ Denied

Principal Signature

Superintendent Signature

Updated: November 2022