

Online Course Information Sheet

This form, along with the completed contract, MUST be handed to Mrs. Marko by MONDAY, JUNE 5 in order to enroll for the 2017-2018 school year.

Please fill out the following to be registered for an online course at ND. Any blanks left can cause you to be un-enrolled from the online program at Notre Dame. **Write neatly.**

Student's First Name _____ Student's Last Name _____

Street Address _____

City _____ Zip Code _____

Gender (circle one) M or F

Phone Number _____

Alternate Phone Number _____

Email that you check **daily** _____

Rewrite that email address to confirm _____

Anticipated Graduation Year _____

Parent's/Guardian's First Name _____

Parent's/Guardian's Last Name _____

Parent's/Guardian's Phone number _____

Parent's/Guardian's Email _____

Is the parent/guardian's address the same as the address listed above? Yes or No

If no, please write parent/guardian's address here:

If you have any questions or concerns about online learning, please contact Mrs. Marko at tmarko@notredame.org.

Office Use Only: Student User Name: _____

Student Password: _____