



Richland School District

615 Snow Avenue
Richland, WA 99352
PH: 509-967-6000

Student On-Line Enrollment Form

Student Information (Please type or print in ink)

_____		_____		_____
Last Name		First Name		Initial
_____		_____		
Student ID		Date of Birth		
_____		_____		_____
Parent/Guardian Last Name		Parent/Guardian First Name		Parent/Guardian Signature
_____		_____		_____
Address		City	State	Zip Code
_____		_____		_____
Home Phone Number		Cell Phone Number	Student Email Address (please state if student needs email created)	
_____		_____		_____
Work Phone Number		Emergency Number	Parent/Guardian Email Address	
_____		_____		_____

Course Information (Please type or print in ink)

_____		_____		_____
Subject		Course Name		Prerequisites Grade
_____		_____		_____
Subject		Course Name		Prerequisites Grade
Why are you taking course(s)?				
<input type="checkbox"/> Course not offered on my campus				
<input type="checkbox"/> Credit Recovery				
<input type="checkbox"/> Getting Ahead				
<input type="checkbox"/> Catching up				
<input type="checkbox"/> Other (explain)				
_____		_____		
Signature: Counselor Approving Course(s)		Date		
_____		_____		
Signature: Parent/Guardian		Date		
_____		_____		
Signature: Building Principal		Date		

Students – A completed form must have:

- 1. Counselor's signature**
- 2. Parent/Guardian's signature**
- 3. Building Principal's signature**