

Belmont County Schools On-Line Program Application

PLEASE PRINT LEGIBLY. IF WE ARE UNABLE TO READ WHAT IS ON THE FORM, IT WILL BE RETURNED.

School District: Bridgeport Exempted Village School District School Year: 2019-2020

Student Name: _____ Student Age: _____ Grade Level: _____

Street Address: _____ City, State Zip: _____

Home Phone: _____ Cell Phone Number: _____

Student Email: (Please write legibly) _____

Parent First, Last Name and Email: (Only if they would like an account created to view student progress. Please write legibly.) _____

This student may be eligible for an NCAA scholarship, and it is understood that they are not permitted to be enrolled in a course that contains **Flex, Fundamentals or a CRx** enabled course. If box is checked, initials of a school Counselor or Principal is required before application will be processed. X _____

Odysseyware Course(s): <input type="checkbox"/> Student is Enrolled, Adding Course(s)	Course Options:				EMIS Code(s): District Use Only
1	Full <input type="checkbox"/>	Sem 1 <input type="checkbox"/>	Sem 2 <input type="checkbox"/>	CRx <input type="checkbox"/>	
2	Full <input type="checkbox"/>	Sem 1 <input type="checkbox"/>	Sem 2 <input type="checkbox"/>	CRx <input type="checkbox"/>	
3	Full <input type="checkbox"/>	Sem 1 <input type="checkbox"/>	Sem 2 <input type="checkbox"/>	CRx <input type="checkbox"/>	
4	Full <input type="checkbox"/>	Sem 1 <input type="checkbox"/>	Sem 2 <input type="checkbox"/>	CRx <input type="checkbox"/>	
5	Full <input type="checkbox"/>	Sem 1 <input type="checkbox"/>	Sem 2 <input type="checkbox"/>	CRx <input type="checkbox"/>	
6	Full <input type="checkbox"/>	Sem 1 <input type="checkbox"/>	Sem 2 <input type="checkbox"/>	CRx <input type="checkbox"/>	
7	Full <input type="checkbox"/>	Sem 1 <input type="checkbox"/>	Sem 2 <input type="checkbox"/>	CRx <input type="checkbox"/>	
8	Full <input type="checkbox"/>	Sem 1 <input type="checkbox"/>	Sem 2 <input type="checkbox"/>	CRx <input type="checkbox"/>	
9	Full <input type="checkbox"/>	Sem 1 <input type="checkbox"/>	Sem 2 <input type="checkbox"/>	CRx <input type="checkbox"/>	
10	Full <input type="checkbox"/>	Sem 1 <input type="checkbox"/>	Sem 2 <input type="checkbox"/>	CRx <input type="checkbox"/>	

Please select where the student will be using this program at time of enrollment: District Home CCAP Sargus

Senior End Date: (Block End Term Progress will be set for this date) _____

I have read and agree to all of the Belmont County Schools' Online / Odysseyware Program guidelines that I received from my local school district.

** If the student is 18, they must sign below as no parent signature is required**

Student Signature		Date
Parent Signature		Date
Counselor Signature		Date
Administrator Signature		Date

Completed forms must be emailed to online@ecoesc.org
THIS FORM MUST BE FILLED OUT COMPLETELY OR IT WILL BE RETURNED FOR COMPLETION

* Unless the student has already been enrolled, and you are adding courses.