

**Catoosa Online Academy  
HIGH SCHOOL APPLICATION 2019-2020**

**Applicant Information**

**Date:** \_\_\_\_\_

School : \_\_\_\_\_ Grade: \_\_\_\_\_ DoB: \_\_\_\_\_

Student Name: \_\_\_\_\_

Student Cell Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Parent/Guardian Name: \_\_\_\_\_

Parent/Guardian Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

**Student requires services:** 504\_\_ IEP\_\_ Gifted\_\_ Remedial\_\_ ELL\_\_ Other: \_\_\_\_\_

**Courses for COA:**

**1<sup>st</sup> Semester:**

**2<sup>nd</sup> Semester:**

| Course | Current<br>Average |  | Course | Current<br>Average |
|--------|--------------------|--|--------|--------------------|
|        |                    |  |        |                    |
|        |                    |  |        |                    |
|        |                    |  |        |                    |
|        |                    |  |        |                    |

**SIGNATURES:**

Parent: \_\_\_\_\_ Date: \_\_\_\_\_

Student: \_\_\_\_\_ Date: \_\_\_\_\_

Counselor: \_\_\_\_\_ Date: \_\_\_\_\_

Administrator: \_\_\_\_\_ Date: \_\_\_\_\_

**Students must attend an orientation and agree to the COA Assurances at that time.**

**Office Use Only:**      **Date application submitted to COA:** \_\_\_\_\_

ICFlag\_\_ ICSched\_\_ ICChrmk\_\_ ChrmkLog\_\_ SpSht\_\_ SchCast\_\_ APXSched\_\_ APXCoach\_\_  
FLVSSch\_\_ FLVSCoach\_\_