

COLUMBIA LOCAL SCHOOL DISTRICT  
APPLICATION FOR EDUCATIONAL OPTION

Student's Name: \_\_\_\_\_

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

Date of Birth: \_\_\_\_\_ School: \_\_\_\_\_ Grade: \_\_\_\_\_

Parents or Guardian: \_\_\_\_\_

- Option(s) Desired: Correspondence Course ( )
- Educational Travel ( )
- Independent Study ( )
- Mentor Program ( )
- Tutorial Program ( )
- Armed Forces and G.E.D. ( )
- Study Abroad Program ( )

I. OBJECTIVES:

II. OUTLINE OF MAJOR INSTRUCTIONAL ACTIVITIES, MATERIALS, AND ENVIRONMENTS:

III. DESCRIPTION OF CRITERIA AND METHODS FOR ASSESSING PUPIL PERFORMANCE:

Anticipated Credit to be Earned: \_\_\_\_\_

Certificated Staff Member to Serve as Teacher/Mentor: \_\_\_\_\_  
Signature Date

Student's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Approved ( ) Not Approved ( ) \_\_\_\_\_  
Principal's Signature Date

Approved ( ) Not Approved ( ) \_\_\_\_\_  
Superintendent's Signature Date