



LCB Academy of Learning
Schedule Page

2009-2010 SCHOOL YEAR

Please print full name (no nicknames or initials)

2009 – 2010 SCHOOL YEAR SCHEDULE REQUESTS

PLEASE RETURN THIS SCHEDULE PAGE TO YOUR COUNSELOR AT YOUR HOME HIGH SCHOOL.
(Counselor should fax form to 217-4391)

Student's name _____
(student's first name) (student's middle name) (student's last name)

Does this student receive accommodations/modifications to their academic program? ____yes ____no

Student's street address: _____ City: _____

Student's Calcasieu Parish School Board ID number _____

Enrolled at _____ High School and will be a _____ for the 2009-2010 School Year.
(print name of the high school you will attend) (print class....FR, SO, JR. SR)

Students attending classes at the Lake Charles Boston Academy of Learning have the option of using transportation provided by the Calcasieu Parish School system or of using their private vehicle to drive to and from classes. Transportation is provided from the student's high school and back. Please indicate which option you plan to use for the school year.

____ I will use bus transportation provided by CPSB
(must complete Bus Transportation Request form)

____ I will drive myself to and from classes at the Academy.
(A nominal parking ID fee will be charged)

Students attending classes at the Lake Charles Boston Academy of Learning will remain enrolled at their home high school. They will schedule classes as usual at their home high school. The classes listed below will be offered on the LCB Academy campus at 1509 Enterprise Boulevard in Lake Charles.

Name of course (please print)	Course Number (if provided)	Is this a Virtual School Course? *
_____	_____	_____
_____	_____	_____
_____	_____	_____

*If you are registering for a Virtual School Course, you must provide the student's email address: _____

* If you are registering for a Virtual School Course, you must provide the student's Social Security #: _____

Signature of Principal _____

Signature of Counselor _____

Signature of Parent or Guardian _____

Print name of parent/guardian _____

Home phone contact _____

Alternate phone contact _____