



LCB Academy of Learning
Schedule Page
2008-2009 School Year

Please print full name (no nicknames or initials)

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

**2008-09 SCHOOL YEAR
SCHEDULE REQUESTS**

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

Student's street address: _____ City: _____

Student's Calcasieu Parish School Board ID number _____ Social Security number _____

Enrolled at _____ High School and will be a _____ for the 2008-2009 School Year.
(print name of your school) (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. Please indicate which option you plan to use for the 2008-2009 School Year.

_____ I will use bus transportation provided by CPSB _____ I will drive myself to and from classes at the Academy.
(parents will be asked to sign permission form and a nominal parking ID fee will be charged)

Please list the course(s) you plan to take at the Lake Charles Boston Academy of Learning

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?
_____	_____	_____
_____	_____	_____
_____	_____	_____

Signature of Counselor: _____

Signature of Parent or Guardian _____ Print name of parent/guardian _____

Home phone contact _____ Alternate phone contact _____