**PRIVATE SCHOOL AND HOME-SCHOOLED STUDENTS ACADEMIC COURSE ATTENDANCE (MHS)**

A private school or home-schooled student who desires to attend one or more of the available academic courses shall submit a written request to attend the academic course(s) to the superintendent, or designee, no later than:

1. August 1 for Fall semester courses; or
2. December 1 for Spring semester courses.

The Midland School District permits a private school or home-schooled student to attend a maximum of six (6) courses per semester.

Choir

Band

Art

Career and Technical Education (CTE) courses in Agriculture, Family and Consumer Science, and Business and Marketing Technology.

CTE courses must be taken in the proper order as outlined by the Arkansas Division of Career and Technical Education.

PRIVATE OR HOME-SCHOOLED STUDENTS' LETTER OF INTENT FOR ACADEMIC COURSE ATTENDANCE AT THE RESIDENT DISTRICT

Student’s Name (Please Print) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Student's date of Birth \_\_\_/\_\_\_/\_\_\_

Parent or Guardian's Name (Please Print) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Street \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Apartment \_\_\_\_\_\_\_\_\_\_\_\_\_

City \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ State \_\_\_\_\_ Zip Code\_\_\_\_\_\_\_\_\_\_\_

 Last grade level the student completed \_\_\_\_\_\_\_\_\_\_\_\_

Academic course student requests to attend:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

For Office Use Only:

Received by: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date Submitted \_\_/\_\_/\_\_