

## Idaho Digital Learning Academy Registration Form

Thank you for considering courses offered through IDLA. This is a certified online high school supported by the State Board of Education and the State Department of Education.

Student Name: \_\_\_\_\_  
First
Middle
Last

Birthdate: \_\_\_\_\_ Gender: M \_\_\_\_\_ F \_\_\_\_\_  
Month
Day
Year

Expected Year of Graduation: 20\_\_\_\_\_

Are you of Hispanic or Latino descent? Yes \_\_\_\_\_ No \_\_\_\_\_

Ethnicity: \_\_\_\_\_ American Indian/Alaskan Native  
 \_\_\_\_\_ Asian  
 \_\_\_\_\_ Black/African American  
 \_\_\_\_\_ Native Hawaiian/Other Pacific Islands  
 \_\_\_\_\_ White

Are you on an IEP or 504 plan? Yes \_\_\_\_\_ No \_\_\_\_\_

### Student Contact Information:

Mailing Address: \_\_\_\_\_  
Street or PO Box
City
Zip

Home Phone: \_\_\_\_\_ Student Cell: \_\_\_\_\_

Student Email: \_\_\_\_\_  
 (please print)

### Home Contact Information:

Parent/Guardian Name: \_\_\_\_\_  
First
Middle
Last

Mailing Address: \_\_\_\_\_  
Street or PO Box
City
Zip

Home Phone: \_\_\_\_\_ Parent/Guardian Cell: \_\_\_\_\_

Parent/Guardian Email: \_\_\_\_\_  
 (please print)

Which course(s) are you taking? (please list below under the proper semester)

<u>Summer</u>	<u>Fall</u>	<u>Spring</u>

Will you be taking this/these course(s) *in addition* to your 7 classes at school? YES      NO

Why are you taking this/these course(s)? Check all that apply

Not offered at our school  
 Schedule conflicts  
 Retake failed class  
 Dual credit or AP


Medical reason  
 Unable to attend HS  
 Online course preference  
 Overload
