



5. Description of how student performance shall be assessed:

6. Name and qualifications of the instructional personnel:

7. Reason the class cannot be taken at a district high school:

**Required Signatures**

\_\_\_\_\_  
Supervising Instructional Personnel Date

\_\_\_\_\_  
Parent/Guardian Date

\_\_\_\_\_  
Student Date

**Action**

**Request for out of district credit approved.** To complete the process the student must submit a transcript from the accredited school.

**Request for out of district credit not approved. Reason:**

**Further information needed:**

\_\_\_\_\_  
Principal or designee Date