e4TN
Effective and Engaging E-learning Environment

In partnership with Hamilton County Department of Education

Virtual Learning Registration Form

Complete this form and give it to your Onsite Facilitator

Student Information	Parent Information
First Name	First Parent
Last Name	First Name
Social Security #	Last Name
District	email _____@_____.___
School	Day Phone ( ) -
Grade	Evening Phone ( ) -
Ethnicity	
Birthdate __ __/__ __/ 19__ __	
email _____@_____.___	
Address	Second Parent
	First Name
City	Last Name
State	email _____@_____.___
Zip Code	Day Phone ( ) -
Home Phone ( ) -	Evening Phone ( ) -
GPA	
Free & Reduced Status (circle one)	
Free Reduced Neither	
English as 2nd Language? Y N	Income Level (Check One)
Exceptional Education? Y N	❑ Less than 20,000 / ❑ 60,000 – 70,000
List any Modifications:	❑ 20,000 – 30,000 / ❑ 70,000 – 80,000
	❑ 30,000 – 40,000 / ❑ 80,000 – 90,000
	❑ 40,000 – 50,000 / ❑ 90,000 – 100,000
Gifted? Y N	❑ More than 100,000
List any Modifications	

	Complete Course Name	Course Code	Course Credit
1			
2			
3			