

WISE STUDENT REGISTRATION

Date: _____, 2007

To submit this application, please fully complete and fax or e-mail to:
RMHS – WISE
FAX: (703) 494-6093 (001-703-494-6093), ATTN: Barbara Tamez
E-mail to WISE@rmhs.org

STUDENT INFORMATION – ALL FIELDS ARE REQUIRED. Please print legibly.

Student: Last: _____	First: _____	Middle Initial: _____
SSN: _____	DOB: _____	Gender: _____
Student Email Address: _____		
Parent/Sponsor Email Address: _____		
Address: _____ (for textbook and materials)	Telephone: _____ (dialed from the US)	
	Alt Telephone: _____ (dialed from the US)	
City: _____	State: _____	Country: _____ Zip: _____

COURSE REGISTRATION

Please check the box next to your intended course. (Term: 8 weeks)

Please put a 1, 2, and 3 next to your choices of start date.

<input type="checkbox"/>	ENGLISH 9	_____	June 4	_____	June 11	_____	June 18	_____	June 25
<input type="checkbox"/>	ENGLISH 10	_____	June 4	_____	June 11	_____	June 18	_____	June 25
<input type="checkbox"/>	ENGLISH 11	_____	June 4	_____	June 11	_____	June 18	_____	June 25
<input type="checkbox"/>	ENGLISH 12	_____	June 4	_____	June 11	_____	June 18	_____	June 25
<input type="checkbox"/>	ALGEBRA I	_____	June 4	_____	June 11	_____	June 18	_____	June 25
<input type="checkbox"/>	GEOMETRY	_____	June 4	_____	June 11	_____	June 18	_____	June 25
<input type="checkbox"/>	US HISTORY	_____	June 4	_____	June 11	_____	June 18	_____	June 25
<input type="checkbox"/>	WORLD HISTORY	_____	June 4	_____	June 11	_____	June 18	_____	June 25
<input type="checkbox"/>	BIOLOGY	_____	June 4	_____	June 11	_____	June 18	_____	June 25
<input type="checkbox"/>	EARTH SCIENCE	_____	June 4	_____	June 11	_____	June 18	_____	June 25

CURRENT SCHOOL INFORMATION – To be completed by counselor or principal.

School: _____	Principal: _____
Address: _____	City: _____ State: _____
Zip: _____	Country: _____ Phone: _____ Fax: _____ (from the US) (from the US)

STUDENT GRADE RELEASE AUTHORIZATION (Under 18 years of age)

I authorize RMHS educational personnel to release the grades of the student named on this application to the principal or counselor of the student's current school and/or to the parent or guardian of the student.

Name of Parent/Sponsor (PRINT)

Date

Parent/Sponsor Signature

Relationship to Student

HONOR CODE/PROCTOR INFORMATION

Students are expected to adhere to the WISE Code of Honor. WISE distance learning requires the highest standard of academic conduct. It is unacceptable for a student to commit plagiarism or any other form of cheating. If an instructor has reasonable evidence that cheating has occurred he/she will report the misdeed to the school administrator and the student's parents will be notified. The student will receive a zero for the course work in question and may be subject to expulsion from the course and/or program.

In order to enroll in an Internet delivered course the student and parent/sponsor must agree to the following Code of Honor:

1. The student agrees to follow all guidelines, policies, and procedures associated with the WISE program.
2. All coursework submitted will be the student's own work. The student will receive no outside help on assignments.
3. Exams, tests, quizzes or other assignments noted by the teacher as requiring a proctor would be monitored by an adult 21 years of age or older. The adult's name and relationship to the student, if any, will be specified prior to school approval as a designated proctor for required exams. Arrangements should be made with the teacher to schedule exam times.
4. The name and contact information for this student's proctor:

Name (First and Last)

Telephone and/or Email Address

I agree to abide by the terms and conditions set forth in this document.

Student Signature

Date

Parent/Guardian Signature

Date

RMHS Signature

Date