

Canyons School District
Dual/Split Enrollment
Application
(R277-494 & R277-438)

Date: _____	
Student Name: _____	Student Number: _____
DOB: _____	Current Grade: _____
Legal Address: _____	City: _____ State: _____ Zip: _____
Canyons District School: _____	
Reason for Dual/Split Enrollment Request: _____	

Dual/Split Enrollment School Name: _____

Type of School: ☐ Public (\$75) ☐ Private (Dual) ☐ Charter (\$75) ☐ On-line (\$75) ☐ Home School (Dual)
(Canyons District school may invoice according to R277-438)

Requested Extra Curricular/Co-Curricular/Academic Program(s) at Dual/Split Enrollment School

Course/Program	High School Credit Request
1. _____	_____
2. _____	_____
3. _____	_____

☐ I accept full responsibility for my student and understand that he/she may not qualify for a high school diploma issued by a Canyons School District school, if the number of credits required by USBE from an accredited institution is not complete.

Canyons School / District Approvals

_____ Authorized School Personnel Signature	_____ Date
_____ Authorized District Personnel Signature	_____ Date

Dual/Split Enrollment School Approval
(Parent signature for home school students)

_____ Authorized School Personnel Printed Name	_____ Position
_____ Authorized School Personnel Signature	_____ Date