

# Catholic Schools K12 Virtual

St. Andrew Catholic School Online

## COURSE SELECTION FORM

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

Please select from the following:

A.  I only need to take one course

Courses: 1. \_\_\_\_\_ 2. \_\_\_\_\_  
First choice Option 2

B.  I need to take multiple courses.

Course Title	Course #	Course Title	Course #
_____	_____	_____	_____
First choice		Option 2	
_____	_____	_____	_____
First choice		Option 2	
_____	_____	_____	_____
First choice		Option 2	
_____	_____	_____	_____
First choice		Option 2	
_____	_____	_____	_____
First choice		Option 2	
_____	_____	_____	_____
First choice		Option 2	

\*Counselor/Registrar Signature: \_\_\_\_\_ Date: \_\_\_\_\_

\*Counselor/Registrar Printed Name: \_\_\_\_\_

Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Student Signature: \_\_\_\_\_ Date: \_\_\_\_\_

\*If student is homeschooled please contact our office directly to discuss your Personal Education Plan (PEP)

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