



Bellaire High School
Counseling & Guidance Department
Off Campus Course Request Form

Student Name _____ Grade _____ St. ID# _____

Phone# _____ - _____ - _____ Email _____

Parent Name _____ Email _____

Course Requesting	Off Campus School	Projected Start Date	Projected End Date	Credit
				<input type="checkbox"/> Original Credit <input type="checkbox"/> Credit Recovery
				<input type="checkbox"/> Original Credit <input type="checkbox"/> Credit Recovery

I understand that there is a cost involved with taking a course(s) off campus and that it is my responsibility to register for this course at the school listed above.

Students taking Health and/or Communications Applications off campus must complete the course(s) before their Senior year. If a student has not completed their Health, Communication Applications, and/or PE course(s) and submitted their final grade to their school counselor and the registrar by the end of the summer before their 12th grade year, the course(s) will be placed in their schedule

Student Signature _____ Date _____

Parent Signature _____ Date _____

Counselor Signature _____ Date _____

For Counselor
Course Grade: _____ Date Received: _____
Notes: