

APPENDIX C

WILLIAMSPORT AREA SCHOOL DISTRICT
OFFICE OF STUDENT SERVICES
2780 WEST FOURTH STREET, WILLIAMSPORT, PA 17701
(570) 327-5500, EXT. 40000

ACADEMIC CLASS PARTICIPATION REQUEST

Must be submitted by August 12th

**Return To:
Office of Student Services**

Date _____ School Year _____ Building _____

Student's Name _____ Grade _____

Supervisor _____

Address _____

Phone Number _____ E-Mail _____

Courses in which student would like to enroll.

Are there any limits as to periods/times in which the student may take the course(s)?

Are there any special circumstances with regard to this request?