

# George Washington Singleton Request

(This form is not for the KCS Full-Time or Part-Time Virtual Program)

Name: \_\_\_\_\_ WVEIS# \_\_\_\_\_

Grade: \_\_\_\_\_ Homeroom: \_\_\_\_\_

Parent Email: \_\_\_\_\_

Course Requested: \_\_\_\_\_

Reason for Request:

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The student will be registered after payment is received for the course.  
Make checks payable to GWHS.

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

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

Administration Approval: \_\_\_\_\_