



# MOORESTOWN HIGH SCHOOL

## Application for Personalized Learning Opportunity

Student Name \_\_\_\_\_ Grade \_\_\_\_\_

Course/Program to be taken \_\_\_\_\_

Semester/Year Course to be taken \_\_\_\_\_ Date of Application \_\_\_\_\_

School/Provider \_\_\_\_\_ Location \_\_\_\_\_

Accreditation \_\_\_\_\_

### Type of request:

- |                          |  |  |
|--------------------------|--|--|
| <input type="checkbox"/> | Outside High School Course Work for Credit | Attachments: Documents with Name of Provider, Provider Contact Information, Course Description and Accreditation Information |
| <input type="checkbox"/> | College Course Work for Credit             | Attachments: Documents with Name of Provider, Provider Contact Information, Course Description and Accreditation Information |
| <input type="checkbox"/> | Structured Learning Experience             | Attachments: Completed SLE Proposal Packet   |
| <input type="checkbox"/> | Physical Education Exemption               | Attachments: Documents outlined in the <i>Program of Studies</i>   |

Rationale for request:

Provide the curricular connections as per the New Jersey Core Content Standards (<http://www.njcccs.org/>):

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

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

Supervisor Signature \_\_\_\_\_ Date \_\_\_\_\_

Guidance Counselor Signature \_\_\_\_\_ Date \_\_\_\_\_

Principal Signature \_\_\_\_\_ Date \_\_\_\_\_

*Upon successful completion \_\_\_\_\_ CREDITS will be awarded upon proof of successful completion.*