Extended Learning Opportunities Registration

Brunswick High School

"Recognizing the diversity of ability amongst our students and the creation of multiple pathways to success."

(From the BHS "Statement of Beliefs and Supporting Values")

---

*PLEASE START WITH YOUR SCHOOL COUNSELOR **AND** RETURN THIS FORM TO YOUR SCHOOL COUNSELOR*

STUDENT NAME: _____ **DATE:**_____

GRADUATION YEAR: _____

Please select the type of ELO you are pursuing:

☐ Career Quest in the area of :_____

☐ Work Based Learning, predicted job: _____ Approx. Weekly Hours:_____

☐ Educational Leadership: ☐ For CREDIT OR ☐ For Community Service

☐ I need transportation.

☐ Community Service Learning - Intended Project: _____

☐ Extended Learning Class (ELC):

☐ Online class: _____

☐ College course: _____

☐ Other experience: _____

Note: The grade format is *Pass/Fail*

Counseling Office to Complete:

- Amount of credit (circle): 1/4 (30 hours) 1/2 (60 hours) 1 (120 hours)
- Period / Block = _____
- To be completed date/Duration:_____

REQUIRED SIGNATURES:

1) *Student:* _____ Date: _____

2) ELO Coordinator: _____ Date: _____

*3) ELO Supervisor:*_____ Date: _____

4) Parent/Guardian: _____ Date: _____

5) *Building Administrator* _____ Date: _____

6) School Counselor: _____ Date: _____

PLEASE RETURN THIS FORM to your School Counselor once it has all the required signatures.
Thank you!