

College of Extended and Global Education and Chino Valley USD (CVUSD) Online High School Program - Fall'22/Spring'23

Alternative Credits Toward Graduation Contract

Student's Name		cating the need to request al d Global Education and Chino		,	contract with CSUSB College of
This contract sets forth the procedu College of Extended and Global Edu academic schedule.			-		
Name	of Course:		Se	mester: 1st	2nd
Reason for external credit request	attach copy of stude	ent's transcript):			
	Remediation	Acceleration	Impact	Schedule	
All coursework taken with CSUSB C	ollege of Extended a	and Global Education and CVU	SD's Online High Sch	ool Program meets Cali	fornia state content standards.
Parent/Guardian Name receives the appropriate credit for t		d that the course criteria mus	st be met to ensure t	hat my child	Student Name
By signing this contract the parent, and CVUSD's Online High School Pr obtaining prior approval from their Registration fees are non-refu	ogram and agrees to district and/or hom	adhere to all requirements s	stated herein. The stu	udent's also understand	
1	Home School District	::			
J	-lome School Site:				
ı	arent Guardian Sign	ature:			-
9	tudent Signature: _				-
Upon completion of student's cours	se(s) a report card wi	ill be issued by Chino Valley L	JSD and a copy will b	e mailed to the school	official named above site.
	I do not want this	course added to my student	s transcript (course i	s for survey/practice on	ly).
By signing below the student's hor Global Education and CVUSD's Onli below I give the above named stud	ne High School Progr	ram. Upon approval student			
Counselor's Approval:			_ Date:		Approve
Principal's Approval:			Date:		Approve





College of Extended and Global Education and Chino Valley U SD Online High School Program (CVUSD) - Fall'22/Spring'23 Transcript Request Form

ent's Last Name:	Student's First Name:
f Birth (MM/DD/YYY)	'): Grade Level for 2022 - 2023 school year:
:/Guardian First Name	: Parent/Guardian Last Name:
g Address:	City:
	Contact Number:
	I do not want this course added to my student's transcript (course is for survey/practice only).
	Transcript Information
Agreement with the	will be mailed for each paid session; additional transcripts will be charged a fee of \$7.00. Students must complete a Course neir instruction in order to receive a grade. Students who receive a "NG" (No Grade) will NOT receive a transcript and their will be filed with the Chino Valley Unified School District's Alternative Education Department.
Email Transc	ript Mail Transcript Pick Up Transcript: Location: Alternative Education Center 15650 Piperline Ave, Chino Hills 91709
Transcript to b	e Mailed/Emailed to:
	Parent Name or School Site:
	Attention:
	Address:
	City:
	Email Address:
	Current School Counselor:
Course Studen	t is Registered for:
	Course Name: Semester:
or stolen. Additio Extended and Globa	mailed within 2 weeks of the completed course date. CSUSB/Chino Valley USD is not responsible for transcripts that are lost nal transcripts can be requested for a \$7.00 fee by faxing a Transcript Request Form to Cal State San Bernardino's College of Education Office at (909) 537 - 5976. Once a request has been received a member of the College of Extended and Global I contact you to verify the information and receive payment. Please email completed form to ohsprogram.pace@csusb.
	FOR OFFICE USE ONLY DO NOT WRITE BELOW THIS LINE
Data Damisatad Da	aivad.
Processed By:	eived:



Date Mailed: ___



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Course Agreement

	_						
Grade	DOB	Student ID#					
1							
t#							
an							
ourse In	formation						
Student Grade Book Sheet		Total Ho	ours				
(Teacher will attach work sample)							
Student Signature Date							
FOR OFFICE USE ONLY Student Attendance No Orientation Student has missed 3 days Student dropped course							
			Grade				
The Teacher's Printed Name			Signature				
Grade Posted By							
	stand I w	Counselor Student Email Parent Email Course Information Semester/Session Total Days Stand I will receive createstand this course will FOR OFFICE USE ONLY Student Attendance Seed 3 days Last Day Attended	Counselor Student Email Parent Email Parent Email Ourse Information Semester/Session Total Days Total House Stand I will receive credit for the course listed Stand this course will NOT be taken for course Date FOR OFFICE USE ONLY Student Attendance Student Attendance Student dropped course Student dropped cours				

