

WCPSS NCVPS Co-Enrollment Form
High School Courses
Grades 9 – 13



Students requesting to earn WCPSS graduation credit through a co-enrollment opportunity on NCVPS must first meet with his/her counselor to discuss the request and determine eligibility. High school students must meet the minimum requirements as outlined in Board Policy 3102 R&P. Once eligibility is determined, the student, along with his/her parent/guardian, must submit this form to his/her counselor for principal approval.

Only those courses listed in the High School Program Planning Guide that are not offered at the student's base school will be approved to be taken on NCVPS.

School _____ Counselor _____
 Student's Name _____ Student's Phone _____
 Student's Email _____ @students.wcpss.net Date of Birth _____
 ID _____ Grade Level: 9 10 11 12 13 Check if applicable: IEP ___ 504 ___ LEP ___
 Parent/Guardian Name _____ Email _____
 Work Phone _____ Cell _____

Course Information

Course Name: _____
 Term: _____ Fall _____ Spring _____ Academic Year _____
 (Check if applicable) _____ EOC Exam _____ NCFE* _____ CTE Post Assessment _____
 Does this course meet the requirements listed in Board Policy 3102 R&P? _____ Yes _____ No

Course Name: _____
 Term: _____ Fall _____ Spring _____ Academic Year _____
 (Check if applicable) _____ EOC Exam _____ NCFE* _____ CTE Post Assessment _____
 Does this course meet the requirements listed in Board Policy 3102 R&P? _____ Yes _____ No

If the requested course does not meet the requirements in Board Policy 3102 R&P, please submit the request with supporting information to Eva Higgins, Administrator, High School Programs (ehiggins@wcpss.net) for review and approval.

In accordance with Board Policy 3410, all students enrolled in high school courses must take all EOCs and NCFEs as required by the State Board of Education. The results of EOCs and NCFEs will count as 20% of the student's final grade. These assessments will be administered at the student's assigned WCPSS School and must be completed in order for high school credit to be earned.

*Send copy of this form to school-based Testing Coordinator.

We, the undersigned, understand and agree to comply with the requirements of the program.

Student _____ Date _____
 Parent/Guardian _____ Date _____
 Counselor _____ Date _____
 Principal _____ Date _____