



Arkansas Public School Resource Center

eResources Grant Courses

Enrollment Form

APSRC USE ONLY

Received: _____

Added to Spreadsheet: _____

Sent to GenNET: _____

STUDENT INFORMATION

First Name: _____ Middle Name: _____ Last Name: _____

Email: _____ Grade: _____ Date of Birth: _____ Age: _____ Gender: M or F

School District: _____ School: _____

Race(s): American Indian/Alaskan Native Asian Black Hispanic
 Native Hawaiian/Other Pacific Islander White

Is the student on an IEP? Yes No

Is the student on a 504? Yes No

PRINCIPAL/COUNSELOR/FACILITATOR INFORMATION

First Name: _____ Last Name: _____ Email: _____ Contact Number: _____

First Name: _____ Last Name: _____ Email: _____ Contact Number: _____

COURSE SELECTION

Course #1: _____ Sem 1 Sem 2 Start Date: _____ End Date: _____

Course #2: _____ Sem 1 Sem 2 Start Date: _____ End Date: _____

Course #3: _____ Sem 1 Sem 2 Start Date: _____ End Date: _____

Course #4: _____ Sem 1 Sem 2 Start Date: _____ End Date: _____

Course #5: _____ Sem 1 Sem 2 Start Date: _____ End Date: _____

Course #6: _____ Sem 1 Sem 2 Start Date: _____ End Date: _____

Course #7: _____ Sem 1 Sem 2 Start Date: _____ End Date: _____

Course #8: _____ Sem 1 Sem 2 Start Date: _____ End Date: _____

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