



## BUTLER TECH ONLINE SCHOOL CONTACT FORM

*PLEASE PRINT*

### School District

School District Name:

District IRN:

### Superintendent

Name:

Address:

City:

State:

Zip Code:

Phone:

FAX:

E-Mail:

### High School Principal

Name:

Address:

City:

State:

Zip Code:

Phone:

FAX:

E-Mail:

### Student Grades Should Be Reported To:

Name:

Address:

City:

State:

Zip Code:

Phone:

FAX:

E-Mail:

### Butler Tech Online Main Contact Person (All communication should go through this person)

Name:

Title:

Address:

City:

State:

Zip Code:

Phone:

FAX:

E-Mail:

### Lab Monitor (If students will complete coursework at school in a lab setting)

**Lab Room Number:**

Name:

Title:

Address:

City:

State:

Zip Code:

Phone:

FAX:

E-Mail:

**Guidance Counselors**

Name	Serves which group of students?	Phone	E-Mail

**Exams**

Butler Tech Online exams will be given online, but will need to be monitored by someone in your school. Please identify a location where a computer and Internet are available that students can take their exams, and identify a person that will monitor the students while taking their exams.

Location: \_\_\_\_\_

Monitor Name: \_\_\_\_\_

Phone: \_\_\_\_\_

E-Mail: \_\_\_\_\_

**Bell Schedule**

<u>Period</u>	<u>Times</u>

Any Additional Comments:

We approve the enrollment of students in Butler Tech Online and agree to work cooperatively with Butler Tech Online to coordinate the online learning experience for our students. We also approve the release of necessary student data for enrolled students to Butler Tech Online.

Superintendent: \_\_\_\_\_ Date: \_\_\_\_\_

HS Principal: \_\_\_\_\_ Date: \_\_\_\_\_