

WOODBURY PUBLIC SCHOOL

**INDIVIDUAL OPTION II EXPERIENCES
PROGRAM APPLICATION**

1. **Name of Student:**

Grade:

Today's Date:

Program Name:

2. **Description of Program/Course:**
(Course syllabus or detailed description must accompany this application)

3. **Instructional Objectives of the Program/Course:**

4. **Length of Program/Course:** **Total Weeks:** **Total Hours:**

5. **Proposed Content Area to receive elective credit:**

Proposed Woodbury Public Schools course to be replaced:

6. **Total number of high school credits desired:**

7. **The following CCCS will be satisfied through this program:**
CCCS NJ Dept. of Ed:

8. **Please state reason for request:**

9. Will the student be participating in this program during school hours?
If yes, please attach a schedule of dates and times when the program will take place.

10. Teacher/Professor/Facilitator:
Name: _____
Address: _____
Telephone Number: _____

11. Will the student be earning any money as a result of this program?
If yes, please explain:

12. Attach or describe the methods of assessment that will be used to demonstrate instructional objectives have been met. If credit is to be granted, the Woodbury Public Schools must be provided with proof that the applicant has achieved the objectives that correspond to the CCCS.

Describe how a formal submission of grades will occur:

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13. Please note the following:
- All costs including transportation and tuition are the responsibility of the student and their parents(s)/guardian.
 - Woodbury Board of Education/staff reserves the right to visit, monitor and/or contact the appropriate people involved in this program to insure credibility.
 - Evidence that the program is safe and in compliance with any child safety and/or labor laws is the ultimate responsibility of the parent/guardian.
 - Parents/guardians/students will hold the district harmless for any liability issues that may arise as a result of this Option II program.

I hereby acknowledge that all information contained in this application is factual. I also acknowledge that I have read and understand all the information contained in the Option II Guidelines.

Student Signature: _____

Parent /Guardian Signature: _____

Received by: _____

(Option II Coordinator)

Date Accepted: _____