



Course Share Request

Office of Teaching and Learning
Mat-Su Borough School District
501 N. Gulkana
Palmer, AK 99645
P:(907) 761-4357

Instructions: This form is to be used for requesting concurrent enrollment for the purpose of taking courses at a school other than a student’s primary enrolled school. Please ensure all fields are complete before submitting to the registrar at the school where the concurrent enrollment will be created. Note: In situations where a student is requesting to course share at a school that does not enroll his/her grade level, please scan and email this completed form to the MSBSD Counseling Coordinator to facilitate processing.

Student Full Name: _____
(First) (M.I) (Last)

Student ID: _____ Grade: _____ Date: _____

To School (Number)	Section ID	Course Title	Instructor Name

Primary Enrolled School: _____

School Number: _____

Principal Signature _____ Name (Printed) _____ Date: _____

Counselor Signature _____ Name (Printed) _____ Date: _____

Concurrent Enrollment School: _____

School Number: _____

Principal Signature _____ Name (Printed) _____ Date: _____

Counselor Signature _____ Name (Printed) _____ Date: _____

Parent/Guardian Signature _____ Date: _____

Parent/Guardian Name Printed _____

As the parent or guardian of named student above, I choose to not utilize the provided transportation (if available) between schools during the school day. I understand that my student is responsible for arriving to his/her class on time using his/her own transportation.

Parent Opt-Out Signature _____ Date: _____