



iLEAD Online Charter School Individual Course Referral Form

Attention School Counselor:

- Please confirm all student information is correct.
- Students must complete at least 1 semester class(5 credits). Maximum of 3 semester classes (15 credits)
- This form is recommended by iLEAD Charter School to ensure all attempted credits are appropriate (please submit via email at online.classes@ileadschools.org or via FAX: 1- 888-843-2239)

For course enrollment and full catalog of course offerings, click here: ileadonline.org

Student Name	
Grade level (upcoming year)	
Student Address	
Phone Number	
Student Email	
Parent Email	
Current School Name	
Total Credits Requested	
Student Signature	
Parent Name	
Parent Signature	
School Counselor Name	
School Counselor Signature	
List Requested Courses Here: (Please indicate A or B semester if applicable)	
<input type="checkbox"/> A <input type="checkbox"/> B _____	
<input type="checkbox"/> A <input type="checkbox"/> B _____	
<input type="checkbox"/> A <input type="checkbox"/> B _____	