Date:	

## CATOOSA ONLINE ACADEMY HIGH SCHOOL APPLICATION

(2023-2024)

To be completed by student and p	School (circle one): HHS LFO	HS LFO RHS	
Student Name: First:	MI:	Last: Grad	de:
Student's school Google email:		@gapps.catoosa.k12.ga.us	
Student's personal email:		Student Cell Phone #:	
Parent/Guardian Name:		Parent Cell Phone #:	
Parent Email:			
<ol> <li>COA orientation must be com</li> <li>Student progress is reviewed progress will be referred to th</li> </ol>	pleted prior every three eir home so	weeks. Students who do not make add chool.	equate
Parent Signature:		Date:	
Student Signature:	Date:		
1st Semester courses for COA:	Case manage	er:) ELL Gift  2 <sup>nd</sup> Semester courses for COA:	
Course – please indicate specific blocks for schedule as necessary.	Transfer Average	Course – please indicate specific blocks for schedule as necessary.	Transfer Average
1	Trenage	1	Tiverage
2		2	
3		3	
4		4	
ZERO Block (Seniors only, Admin approva	l required)	ZERO Block (Seniors only, Admin approva	l required)
Not Approved for COA, v	vill remain at		
Counselor: Signature:			
Administrator Signature:			
Comments, if needed:			