

DEHESA CHARTER SCHOOL
High School Personalized Learning Plan
Addendum for Off-Campus Courses

Year: 11-12 Fall / Spring (circle one)

Student Name: _____ Student Number: _____ Birthdate _____

EF Name: _____ EF Number: _____ Grade: _____

It is the parent/student responsibility to request official transcript (s) for any off-campus courses. Any fees associated with this request are the responsibility of the parent. Transcripts must be mailed to:

DCS Registrar
 1441 Montiel Rd. Suite 143
 Escondido, CA 92026.

No credit will be awarded until official transcripts are received.

Subject	Course Title	Credits**
Math		
English		
Social Science		
Science		
PE		
Electives:		

** 1 college unit equals 3.33 high school credits. A **maximum** of 30 high school credits is allowed per semester.

Key: CC=community college ROP=Regional Occupational Program

 Parent/ Legal Guardian Signature

 Date

 Student Signature

 Date

 Educational Facilitator Signature

 Date