

**APPENDIX C**  
**WILLIAMSPORT AREA SCHOOL DISTRICT**  
**OFFICE OF STUDENT SERVICES**  
2780 WEST FOURTH STREET, WILLIAMSPORT, PA 17701  
(570) 327-5500, EXT. 40301

**WILLIAMSPORT AREA SCHOOL DISTRICT**  
**Academic Class Participation Request**  
**Must be submitted by August 12<sup>th</sup>**

**Return To:**  
**Office of Student Services**

Date \_\_\_\_\_ School Year: \_\_\_\_\_ Building: \_\_\_\_\_

Student's Name \_\_\_\_\_ Grade \_\_\_\_\_

Supervisor \_\_\_\_\_

Address \_\_\_\_\_

Phone Number \_\_\_\_\_ E-Mail \_\_\_\_\_

Courses in which student would like to enroll.

Are there any limits as to periods/times in which the student may take the course(s)?

Are there any special circumstances with regard to this request?