



THORNTRIDGE HIGH SCHOOL

15000 Cottage Grove Ave. • Dolton, IL 60419-2799 • (P) 708-271-4411 • (F) 708-271-4572

EXTERNAL COURSE APPROVAL

Name of Student: _____

Name of Course: _____

Name of School: _____

Address of School: _____

I understand that the completion of this course is the sole responsibility of the student and parent/guardian. I also understand that once the course is completed, the transcript must be officially mailed to Thornridge's school registrar (below) to receive the credit on my transcript, and it must be in by May 1st if I am being considered for graduation this year. I also understand that by enrolling in the school above, I agree to their policies on grading, attendance, behavior, and all their other school rules that apply to their class listed above.

Thornridge High School
c/o Registrar
15000 Cottage Grove Ave.
Dolton, IL 60419

Student's Signature _____ Date _____

Parent/Guardian Signature _____ Date _____

TR Counselor Signature _____ Date _____