*** ALL CREDIT CLASSES REQUIRE THIS ENROLLMENT FORM ***

Washington County School District

Curriculum and Professional Development Department

121 West Tabernacle, St. George, Utah 84770 Phone: (435) 673-3553 Fax: (435) 673-3216

Please fill out a separate enrollment form for each requested course. The completed enrollment form must be received by the Curriculum and Professional Development Department at least two weeks prior to the first day of class as listed in the course description. You must give prior notice if you are unable to attend the class.

Please note: The \$25.00 registration fee is no longer required by Washington County School District to enroll in a class.

Name: ______ SS#: _____ School: _____ Grade: _____ E-mail: Home Phone: _____ Work Phone: _____ Date(s): Location: **Professional Development Code of Conduct** 1. Visitors of all ages are inappropriate. Only enrolled participants may attend classes. 2. **Be on time.** Class will start on time and resume on time following breaks. Be in your seat ready to begin. 3. Be in class. Credit and materials will only be given for 100% attendance. Do not plan other activities that will require you to leave early or come late to class. 4. **Be prepared.** Be aware of materials you may need to bring with you. 5. Be on task. Be a participant in what is happening in class. Activities not related to professional development are inappropriate. Cell phones should be turned off during class time. Grades will be based on level of participation and quality of work. 6. **Be supportive.** Remember the instructor is a professional colleague. 7. Be complete. University credit and state lane-change credit will require work to be completed outside of class. Failing to meet the requirements of the course will result in credit being withheld. If college course work is not completed and turned in on time, an incomplete (I) grade will appear on the transcript, which will revert to an (F) after one year. I agree with and will abide by the above code of conduct for participants in a professional development class/workshop. Signature: Office Use Only:

WCSD Form 559 Revised 05/2011

Date Received: