



Birmingham Virtual Academy / Online Learning Enrollment Consent Agreement

Before completing this form, student shall meet with their counselor to determine if online learning is a suitable option under Section 21f of the State School Aid Act. All courses should be chosen with the counselor in order to meet requirements. Families shall complete this form at least **10 days prior** to each semester/trimester for which they are enrolling.

Student Information		School Year:	20____ - 20____
Student Name (Last, First):	_____	Date of Birth:	_____
Student (<u>Google</u>) Email:	_____@bps-schools.com	Building/School:	_____
Home Address:	_____	Grade:	_____
City:	_____	State:	_____
		Zip:	_____
<input type="checkbox"/> I agree to communicate with my mentor/teacher weekly/regularly and whenever I have a problem.			
<input type="checkbox"/> I agree that all course work and submissions may be retrieved and/or monitored by the mentor/teacher at any time.			
<input type="checkbox"/> I agree that all other rules as specified by the district an teacher/mentor must be followed.			
<input type="checkbox"/> I agree that local and state assessments (PSAT, SAT, M-STEP) must be completed as scheduled (if applicable).			

Parent/Guardian Information	
Name: _____	Email 1: _____
Phone: _____	Email 2: _____

Instruction Information (to be completed by Counselor)	
Does this student currently have:	Please list any other services: _____
IEP: <input type="checkbox"/> Yes <input type="checkbox"/> No	LRC Teacher: _____
504 Plan: <input type="checkbox"/> Yes <input type="checkbox"/> No	LRC Teacher's Email: _____

Mentor/Teacher Information	
Mentor/Teacher of Record: _____	Phone: _____
Email: _____	<input type="checkbox"/> Check Here if: Mitch Nobis, mnobis@birmingham.k12.mi.us, (248) 203-4882

Course(s) to be taken virtually (to be completed by Counselor)	NCAA App'd	Tri / Qtr	
1.	Y <input type="checkbox"/>	1 <input type="checkbox"/>	3 <input type="checkbox"/>
	N <input type="checkbox"/>	2 <input type="checkbox"/>	4 <input type="checkbox"/>
2.	Y <input type="checkbox"/>	1 <input type="checkbox"/>	3 <input type="checkbox"/>
	N <input type="checkbox"/>	2 <input type="checkbox"/>	4 <input type="checkbox"/>
3.	Y <input type="checkbox"/>	1 <input type="checkbox"/>	3 <input type="checkbox"/>
	N <input type="checkbox"/>	2 <input type="checkbox"/>	4 <input type="checkbox"/>
4.	Y <input type="checkbox"/>	1 <input type="checkbox"/>	3 <input type="checkbox"/>
	N <input type="checkbox"/>	2 <input type="checkbox"/>	4 <input type="checkbox"/>
5.	Y <input type="checkbox"/>	1 <input type="checkbox"/>	3 <input type="checkbox"/>
	N <input type="checkbox"/>	2 <input type="checkbox"/>	4 <input type="checkbox"/>
6.	Y <input type="checkbox"/>	1 <input type="checkbox"/>	3 <input type="checkbox"/>
	N <input type="checkbox"/>	2 <input type="checkbox"/>	4 <input type="checkbox"/>

I give consent for my student to take online/virtual courses through Birmingham Public Schools. My student and I have spoken with our counselor, reviewed this agreement together and understand our responsibilities. I/my child agree to abide by the guidelines as stated. I understand that participation in my child's education will help determine their likelihood of success in the program. Therefore, I will monitor and support my student in their studies. I agree to be accessible and readily available to the mentor or online teacher to discuss my child's progress and development. I understand time management and attendance is vital to my student's success. I understand acceptance into this program may be based on class size and my child must fulfill program expectations in order to remain enrolled. Failure to follow policies may result in dismissal from the program. We understand that a failing grade may result in potential repayment of course fees to the District. We understand that drops will be allowed only as outlined by the online provider and the school and/or District's add/drop procedures. Failure to adhere to the drop schedule could result in required repayment to the District of the full cost of the course.

Parent/Guardian Signature	Student Signature	Date
Submit forms to Counselor and David Brooks , BVA Principal, dbrooks@birmingham.k12.mi.us , (248) 203-4882		