



Cambridge High School Contract for Online Classes

Submit the completed form to your counselor- Due with First Verification Form

Student Name: _____ Grade: _____ Counselor: _____

Student Email: _____ Parent Email: _____

- **Students are limited to taking 1.5 total credit (3 semester courses (0.5 credit)) per semester.**
- **You must sign up for both fall and spring courses before leaving for summer break on the appropriate Virtual School provider's website.**

Fulton Virtual or GA Virtual	Name of Course (include A, B, or AB*)	Semester to be Taken	When Course Will be Taken and Scheduled	
<input type="checkbox"/> Fulton Virtual <input type="checkbox"/> GA Virtual		<input type="checkbox"/> Fall <input type="checkbox"/> Spring	<input type="checkbox"/> As one of my 6 classes scheduled during the school day	<input type="checkbox"/> In addition to the 6 classes during my school day <i>(Complete Section B on the back)</i>
<input type="checkbox"/> Fulton Virtual <input type="checkbox"/> GA Virtual		<input type="checkbox"/> Fall <input type="checkbox"/> Spring	<input type="checkbox"/> As one of my 6 classes scheduled during the school day	<input type="checkbox"/> In addition to the 6 classes during my school day <i>(Complete Section B on the back)</i>
<input type="checkbox"/> Fulton Virtual <input type="checkbox"/> GA Virtual		<input type="checkbox"/> Fall <input type="checkbox"/> Spring	<input type="checkbox"/> As one of my 6 classes scheduled during the school day	<input type="checkbox"/> In addition to the 6 classes during my school day <i>(Complete Section B on the back)</i>
<input type="checkbox"/> Fulton Virtual <input type="checkbox"/> GA Virtual		<input type="checkbox"/> Fall <input type="checkbox"/> Spring	<input type="checkbox"/> As one of my 6 classes scheduled during the school day	<input type="checkbox"/> In addition to the 6 classes during my school day <i>(Complete Section B on the back)</i>
<input type="checkbox"/> Fulton Virtual <input type="checkbox"/> GA Virtual		<input type="checkbox"/> Fall <input type="checkbox"/> Spring	<input type="checkbox"/> As one of my 6 classes scheduled during the school day	<input type="checkbox"/> In addition to the 6 classes during my school day <i>(Complete Section B on the back)</i>
<input type="checkbox"/> Fulton Virtual <input type="checkbox"/> GA Virtual		<input type="checkbox"/> Fall <input type="checkbox"/> Spring	<input type="checkbox"/> As one of my 6 classes scheduled during the school day	<input type="checkbox"/> In addition to the 6 classes during my school day <i>(Complete Section B on the back)</i>

*A = 1st semester course; B = 2nd semester course; AB = full year course (will take up 2 periods)

Before any online course will be approved, BOTH SIDES OF THIS FORM MUST BE COMPLETED by the student and parent.

	Student Initial	Parent Initial
In accordance with Fulton County Board Policy, I understand all requests to add or drop an online course must be made within the first 10 days of the semester. <ul style="list-style-type: none"> • Students are not permitted to drop a yearlong face-to-face course at the end of semester 1 in order to take the course online for semester 2. 		
I understand that grades for ALL online courses students are enrolled in after the 10th day of the semester will be posted on the student's official Cambridge High School transcript. <ul style="list-style-type: none"> • All attempted online courses and grades, both passing and failing, will be recorded onto the student's transcript and factored into the overall numeric average. 		
I understand that online classes may be scheduled however they fit in my schedule, and that there is no guarantee that online courses will be scheduled first or last part of the day.		
I understand that online courses are just as rigorous, if not more so, than face-to-face courses.		
I understand that online courses require students to spend at least 1 hour per day on coursework for each 0.5 credit online course.		
I understand that online courses require students to be self-directed, self-disciplined, and to work independently in order to be successful in the course. <ul style="list-style-type: none"> • I understand that the student is responsible for following and keeping up with the online course syllabus and pacing guide, as provided by the online teacher. 		
I understand that online courses are taken externally and not part of Cambridge High School. <ul style="list-style-type: none"> • All concerns and issues should be addressed directly to the teacher of the online course. • Questions about progress grades, class assignments, and final exams should be directed to the teacher of the online course. Cambridge does not have access to this information. • Phone and email contact information for online teachers are available via the student's online class portal. 		
I understand that online course teachers and providers use email to communicate with both students and parents.		

I understand that students who fail online courses may not be approved to take future online courses.		
I confirm that I have not failed any online courses while at Cambridge High School.		
I understand that End of Course tests will be required for any courses that have a corresponding EOC test in Fulton County. <ul style="list-style-type: none"> It is my responsibility as the student to take the appropriate test(s) at the appropriate time(s) at Cambridge HS. Standardized testing (if applicable) must be taken at the student's home school. 		
I understand that it is my responsibility to verify that the college/university and/or NCAA I want to participate after high school graduation will accept the online course from Fulton Virtual or Georgia Virtual School before I enroll in the course.		
I have reviewed the Virtual School provider's website and am aware of the expectations and responsibilities of taking an online course.		
I understand that it is my responsibility to register for the online courses on the appropriate Virtual School provider's website.		
I understand that I have to register for BOTH fall and spring courses for yearlong and semester-long courses.		
I understand that online courses will only be approved after a completed Online Course Contract has been submitted to my counselor.		

Online Course Consent Form and Contract

SECTION A: Taking Online Class as 1 of the 6 classes in my schedule in the Learning Lab	Student Initial	Parent Initial
Students taking online courses on campus during the school day are required to work in the Virtual Lab (Room 2107). <ul style="list-style-type: none"> Lab space is limited, and seats are assigned on a first come first serve basis. 		
Attendance will be taken in the Learning Lab every period and every day by the lab facilitator. <ul style="list-style-type: none"> Students are expected to work on their online course during this time. 		

SECTION B: Taking Online Class as an additional class beyond the regular school day	Student Initial	Parent Initial
Students taking online courses off campus and outside of the school day will appear on their schedule outside the normal 7 period school day. <ul style="list-style-type: none"> Parent/Guardians are responsible for the cost of the requested course(s). 		
Students who wish to drop an online class scheduled outside the normal 7 period school day may do so during the first 13 days of the session start date. <ul style="list-style-type: none"> To receive a refund, the student must withdraw from the course while eligible for a refund. See provider website for dates. Processing fees may apply). 		

Action Steps:

1. Indicate your interest of taking an online course(s) on the Course Verification Form
2. Complete this Online Course Contract and submit it to your counselor
3. Register the courses for both semesters on the appropriate virtual school website before summer break

My signature below indicates I am releasing Fulton County Schools of any responsibility for the student choosing to participate in online courses. I have read and agree to the conditions set forth by Cambridge High School and Fulton County Schools.

Student Signature: _____

Date: ___/___/___

Parent Signature: _____

Date: ___/___/___

Counselor Approved: _____

Date: ___/___/___