



Horizons Center for Independent Study
Grades 1-8th
A Voluntary Virtual Learning Independent Study Program
Mt. Diablo Unified School District
Application For Enrollment

Please complete this pre-enrollment application and mail all requested items to:

Elizabeth Weaver, NSHS Support

horizonsapplications@mdusd.org

Horizons School: Virtual Learning Program

One Santa Barbara Rd.

Pleasant Hill, CA 94523

STEP 1: Student Information

Student Name (first) (last)		Date of Birth (mm/dd/year)	Grade
		()	
Parent or Legal Guardian Name		Home Phone Number	
Residence Address		City	Zip Code
		()	
Email Address		Cell Phone Number	
School of Residence		Current School of Attendance	

Mt. Diablo offers two **Horizons' Independent Study: Virtual Learning Program** options.
Please indicate the model you are requesting based on your student's and family's needs.

- ☐ **Horizons': Elementary Virtual Learning Program (Grades 1-5):** will require a commitment to supervise the student's daily virtual learning for *180 synchronous minutes* and complete assigned asynchronous work required (*approximately 180 minutes per day*).
- ☐ **Horizons': Middle School Virtual Learning Program (Grades 6-8):** will require a daily commitment to plan, assign, and supervise the student's daily learning, ensuring the student participates for *135 minutes of daily synchronous instruction*, small group support, and complete assigned asynchronous work required (*approximately 165 minutes per day*).

STEP 2: Background

1. Please explain why you are applying to a **Horizons' Independent Study: Virtual Learning Program**:

- _____

- Do you believe your student's health is at risk if they return to in-person instruction?
Please explain: _____



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2. Will the student and parent/guardian have access to a computer and the Internet?

- ☐ Yes, I have a device to access independent study
- ☐ Yes, I have adequate connectivity to access independent study
- ☐ No, I will need to check out a loaner device from the school
- ☐ No, I will need to check out a hotspot for internet connectivity from the school

3. Is your student identified with a disability or have a 504 accommodation plan?

- ☐ Yes, they have an IEP. I understand an IEP will be held prior to starting Independent Study.
- ☐ Yes, they have a 504 Plan
- ☐ No

4. How did you hear about, or discover, **Horizons' Independent Study: Virtual Learning Program**?

- ☐ Internet Search or District website
- ☐ Another family or friend already in or previously in Horizons.
- ☐ MDUSD attendance review recommendation
- ☐ Other _____

STEP 3: Parent or Legal Guardian's Certification Signature

Parent/Guardian, Please sign that you have read and understand that by participating in Independent Study that you will be responsible for ensuring your student participates and engages in all required components of the program (California Law requires a minimum of four hours of instructional time, including synchronous & asynchronous instruction, per day) and that you will work with the school to ensure your student is making satisfactory educational progress.

"As Parent or Legal Guardian, I hereby certify that the information provided in this document is true and correct and all assessments were administered as per instructions."

X _____
Parent or Legal Guardian Signature

Date _____