Online Learning Student Application

Student Name:			Year of Graduation:	
Home Address:				
City:		Zip:		Male ☐ Female ☐
Birth Date:		Age:		

Name of Parent/Legal Guardian:	Relationship:	Phone #

Parent/Guardian Email:

Student's School Email:

Do you have an IEP or 504 Plan? ☐ Yes ☐ No

Previously enrolled in a 21f course: ☐ Yes ☐ No

21f Course(s) Requested:

Semester 1	Semester 2

Why do you want to enroll in a 21f course? (please check the appropriate box below)

☐ KIN, CMS or OHS does not offer this course	☐ The course is offered by KIN, CMS or OHS, but the course does not fit in my schedule

☐ Other reason (applicant must provide a reason for wanting to enroll in an online course)

*If you are requesting an AP course, you will be required to register for and take the AP Exam.

Student Signature:	Date:
Parent/Guardian Signature:	Date:
Counselor's Signature:	Date:

21f Online Learning Course Contract

INSTRUCTIONAL COMPONENTS

Checking EACH box indicates that you understand and agree to the instructional components.

- ☐ Teacher of Record: A teacher of record is responsible for providing instruction, determining instructional methods for each pupil, diagnosing learning needs, assessing pupil learning, prescribing intervention strategies and modifying lessons, reporting outcomes, and evaluating the effects of instruction and support strategies. Please note that the teacher of record will NOT be an Okemos Public Schools employee. The highly qualified teacher providing content for the course will also only be available remotely via email or possibly phone.

- ☐ Mentor: A mentor is a professional employee of Okemos Public Schools, who monitors the student's progress, ensures the pupil has access to needed technology, is available for assistance, and ensures access to the teacher of record. The mentor may be a counselor, librarian, or other staff member. All virtual learning students will be assigned an OPS mentor.

- ☐ NCAA: Not all online courses meet NCAA requirements. The student is responsible to make sure each class is acceptable with the college admissions office, scholarship program and NCAA eligibility center (future college athletes). More information is available on the NCAA website: http://eligibilitycenter.org

ATTENDANCE/CREDIT POLICY

Checking EACH box indicates that you understand and agree to the attendance and credit policy.

- ☐ Daily attendance is required for virtual classes. All students must report to their mentor classroom daily.

- ☐ Upon starting their course, students will be given an expected date of course completion. Student progress will be monitored throughout the course. If student progress significantly varies from the expected completion date, parents will be notified by the OPS mentor.

- ☐ As these programs are self-paced, students may finish the course earlier than expected.

- ☐ If the course is not completed in the allotted number of days, the student will earn a failing grade.

- ☐ Students engaging in behavior prohibited by the student handbook and OPS district policies may earn a failing grade.

- ☐ Students must use their school email to communicate with their teachers and mentor.

ASSESSMENT POLICY
Checking EACH box indicates that you understand and agree to the assessment policy.

- ☐ All unit tests and the final exam must be taken in a proctored setting at school.
- ☐ Students are responsible for scheduling their proctored assessments with their assigned mentor.

PREREQUISITES
Checking EACH box indicates that you understand and agree to the prerequisite statement.

- ☐ Students may only take online courses for which they have met the District or online provider's prerequisites.

STUDENT EXPECTATIONS
Checking EACH box indicates that you understand and agree to the statements listed below.

- ☐ As a student, certain standards are expected. Appropriate use of the Internet is expected at all times. All terms are outlined in the district's Acceptable Use Policy and Student Code of Conduct. I understand that regardless of whether the offense is a first-time offense, the student may be removed from the course and/or program with a grade of "Failing".
- ☐ All course work and submission that students complete may be retrieved and/or monitored by the mentor teacher at any time.
- ☐ Students will be committed to the courses, adhere to the course schedules as prescribed, and understand that drops will only be allowed as outlined by the online provider and the OPS building add/drop procedures.
- ☐ For 9th-12th grade students, I understand that the online course(s) will be listed on the student's transcript as a virtual course. **The grade assigned will be part of the student's academic record and will be included in the cumulative GPA.**
- ☐ I understand that it is the student and guardian responsibility to research college admissions, scholarship programs and NCAA Eligibility Center to make sure the class is acceptable.

- ☐ I understand that if the student does not pass a virtual course, the student may not be permitted to take additional virtual courses in the future.

- ☐ Students will be emailed the course start and end dates through school email. No extensions will be granted.

PARENT/GUARDIAN AGREEMENT

Checking EACH box indicates understanding and agreement of the statements below.

- ☐ I have read and understand the above stated expectations for my student and agree to support the virtual learning course(s).

- ☐ I understand that participation in my student's education will help determine his/her likelihood of success in the program. Therefore, I will monitor and support my student in his/her studies.

- ☐ I agree to be accessible and readily available to the mentor or online teacher to discuss my student's progress and development.

- ☐ I understand time management and ability to learn independently is vital to my student's success.

- ☐ I understand acceptance into this program may be based on availability and my student must fulfill program expectations in order to remain enrolled.

- ☐ I understand that failure to follow these policies may result in dismissal from the program.

- ☐ My student has read, understands and acknowledges all the expectations and policies set forth in this registration form and thereby agrees to abide by the guidelines as stated.

- ☐ I give permission for my student to enroll in the virtual learning course(s) requested.

_____	_____	_____
Student Name	Student Signature	Date
_____	_____	_____
Parent Name	Parent Signature	Date

Together educating with excellence, empowering every learner for life.

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