

Supplemental Online Course Registration Form

Definitions: A supplemental online course is an online course taken outside of the enrolling district in place of a course at the enrolling district. A K-12 public student may take up to 50% of their scheduled courses from an approved supplemental online course provider or more if the enrolling district and the online course provider agree. The enrolling district may reduce the number of courses they provide proportional to the supplemental online courses being taken. The grades, credits earned, and standards met are applied by the enrolling district to the student's regular transcript. An enrolling district may not prevent a student from applying to take a supplemental online course. See [Minn. Stat. 124D.094 \[2025\]](#).

One form per student per term is required. This form may be transcribed and used electronically for course registrations by a supplemental online course provider. All fields must be included. Districts or charter schools offering online courses to their enrolled students are not required to collect this form from their own enrolled students. Students accessing instruction during extended time must be enrolled in a state-approved alternative program and such courses are not considered supplemental online courses.

Instructions: This form is to be completed by the student with their parent/guardian at the time of course registration. It must be turned in to the supplemental online course provider on or before the 15th school day after the enrolling district's term has begun (unless there is an agreement to waive this deadline by the enrolling district and the online course provider).

Section I: To be completed by the parent/guardian and student after they have had initial meetings with the enrolling district and online learning provider. Please sign only after you have reviewed the online course and program and understand the expectations of enrolling in online learning.

Section II: To be completed by the online learning provider. Each school should keep a copy of this form when all signatures have been secured.

Section III: The enrolling district has 15 days to review the attached course syllabus, determine how the course will be funded, and sign and return the form to the online learning provider.

Section I. Information to be completed by the Student and Parent or Guardian

Student

Name (Last, First, M.I.): _____ Date of Birth: _____ Current Grade Level: _____
E-mail: _____ Mobile phone: _____ Alternate phone: _____
Address: _____ City, State Zip code: _____

Parent 1/Guardian

Name (Last, First, M.I.): _____ Mobile phone: _____ Alternate phone: _____
Address (if different): _____ City, State Zip code: _____
E-mail: _____ Contact preference: ☐ Phone call ☐ Text ☐ Email

Parent 2/Guardian 2

Name (Last, First, M.I.): _____ Mobile phone: _____ Alternate phone: _____
Address (if different): _____ City, State Zip code: _____
E-mail: _____ Contact preference: ☐ Phone call ☐ Text ☐ Email

Online Course(s) Registration Request

Enrolling School: _____ Met with (name): _____ Date: _____

Term: _____ Date submitted: _____ More than 50% of schedule? ____ Yes ____ No

Online course name	Replaces local course name
1.	1.
2.	2.
3.	3.

I have discussed supplemental online course enrollment with my enrolling school representative indicated above. I have reviewed the online course(s) registration request and understand the expectations of enrolling in supplemental online courses.

Student Signature (required): _____ Date: _____

Parent/guardian signature is required for students under 18 years old.

Parent/guardian Signature: _____ Print name and relationship: _____

Section II: Supplemental Course Registration to be completed by the supplemental online course provider.Program Name: STARRS Online Academy Phone Number: 507-831-6935 Fax Number: 507-831-6939Online Learning Program Coordinator: Stephanie Streng E-mail address: stephanie.streng@swwc.orgOnline Learning Program Mailing Address: 1454 6th Ave., PO Box 265 City, State, Zip Code: Windom, MN 56101

Enrolling School: _____ District Number: _____ District Type: _____ Site Number: _____

Enrolling school Phone Number: _____ Enrolling School Fax Number: _____

Enrolling School Contact Person or Counselor: _____ E-mail address: _____

Enrolling School Mailing Address: _____ City, State, ZIP code: _____

OLL proposed plan for: Student name: _____ Student MARSS Number: _____

Online Courses (courses may not exceed 50 percent of student's full schedule unless agreed to)	Credit Recovery	Start Date	Sem./Tri./Qtr.	Credits	Proposed completion date	The teacher of this course holds the correct content-area and grade level license.
1.	1.	1.	1.	1.	1.	Yes ☐ No ☐
2.	2.	2.	2.	2.	2.	Yes ☐ No ☐
3.	3.	3.	3.	3.	3.	Yes ☐ No ☐
4.	4.	4.	4.	4.	4.	Yes ☐ No ☐
5.	5.	5.	5.	5.	5.	Yes ☐ No ☐
6.	6.	6.	6.	6.	6.	Yes ☐ No ☐

I have shared the online learning course(s) syllabus with the enrolling district contact person.

Signature of OLL provider contact person: _____

Print name and title: _____ Date: _____

Please submit this form to the enrolling school contact person.

Section III: Supplemental Course Registration to be completed by the enrolling school district.

Enter X for one of the following:

- ☐ This course will be funded by the normal funding formula for online learning.
- ☐ This course will be funded by a contractual agreement with the enrolling district.
- ☐ This course is being taken **in addition** to a full-time schedule or during the summer and the tuition will be paid by the student.
- ☐ This is a private, non-resident or homeschool student and tuition will be paid by the student.

Enter X or check all that apply:

- ☐ Enrolling district waives the 15-day deadline for enrollment.
- ☐ Enrolling district waives 50% online learning credit limit.

Enter X or check if it applies:

- ☐ The student has an active IEP on file. If student has an active IEP please provide the following information:

Special Education Case Manager:

Name: _____ E-mail address: _____ Phone Number: _____

- ☐ The student is receiving ELL services.
- ☐ The student qualifies as homeless/highly mobile.

I have reviewed the course syllabus and the course(s) meet the enrolling district's graduation requirements.

Signature of the enrolling district online learning contact person: _____

Print name and title: _____ Date notification received: _____

Date signed and returned to OLL Provider: _____

Attention: Upon completion, submit this form to the supplemental online course provider in section II.