DEPARTMENT OF EDUCATION

ED-02400-06

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. See Minn. Stat. 124D.094 [2023].

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.

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 and enrolling district online contact person. Each school should keep a copy of this form when all signatures have been secured. The enrolling district has 15 days to review the attached course syllabus and sign and submit the form to the online learning provider.

Section 1. 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 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: Minnesota River Valley Online Learning Phone Number: 320-269-9297 Fax Number: _____

Online Learning Program Coordinator: Pam Bruns E-mail address: pbruns@mrved.net

Online Learning Program Mailing Address: 1315 E Black Oak Ave, PO Box 487 City, State, ZIP code: Montevideo, MN 56265

Enrolling School: MRVED District Number: 6,018 District Type: 1 Site Number: 50

Enrolling school Phone Number: (320) 269-9297 Enrolling School Fax Number: _____

Enrolling School Contact Person or Counselor: Misty Riebel E-mail address: mriebel@montevideoschools.org

Enrolling School Mailing Address: 1315 E Black Oak Ave, PO Box 487 City, State, ZIP code: Montevideo, MN 56265

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	*Meets enrolling district's graduation requirements. Please Enter X and initial.
1.	1.	1.	1.	1.	1.	1.
2.	2.	2.	2.	2.	2.	2.
3.	3.	3.	3.	3.	3.	3.
4.	4.	4.	4.	4.	4.	4.
5.	5.	5.	5.	5.	5.	5.
6.	6.	6.	6.	6.	6.	6.

To be completed by the enrolling district:

Enter X for one of the following:

____This coursework will substitute for other course work in the enrolling district and will be funded by the normal funding formula for online learning.

X____This coursework will substitute for other course work in the enrolling district and will be funded by a contractual agreement with the enrolling district.

____This coursework is being taken **in addition** to the regular district course work and the tuition will be paid by the student.

____This is a private, non-resident or homeschool student and will pay tuition for which they will be billed.

____This is an extended time course to support students who at risk for not grade progressing in the enrolling district and will be funded based on Minnesota Statutes, section 124D.68.

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

Signature of OLL provider contact person: Misty Riebel

Print name and title: Misty Riebel, Assistant Director Date: _____

Please submit to enrolling district contact person

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

Signature of enrolling district online learning contact person: _____

Print name and title: _____ Date notification received: _____

Date signed and returned to OLL Provider: _____

Schedule changes may not be made after the midpoint of enrolling district's term unless waived by both schools.

Attention: Upon completion submit this form to the online learning provider in section II.