

Request to Enroll in Virtual Course(s)

Name of Student: _____ Current Grade/School _____

PARENT/GUARDIAN DIRECTIONS: Complete this page only Make an appointment with student's administrator/counselor

Parent/student please initial ALL of the following to indicate that you have read and understand them.

These statements pertain to virtual courses offered thru MOCAP vendors. These courses are not taught by Knob Noster Public Schools teachers.

- _____ I understand that enrollment with a MOCAP vendor is for a full semester. Enrollment back to the district is available at the start of the semester only.
- _____ I understand that Knob Noster Public Schools is not required to provide access to computers, Internet, or other necessary technology resources to students choosing to take a MOCAP course;
- _____ I understand that Knob Noster Public Schools is not required to provide a supervised location for students taking a MOCAP course to work on their course during the school day;
- _____ I understand that in order to be successful in an online course, a student must have good computer skills, time-management skills, persistence, and good written communication skills;
- _____ I understand that all MOCAP courses follow the same school calendar as in-seat courses. Students enrolled in MOCAP courses are expected to complete all course requirements by the end of the semester as stated on the Board-approved district calendar;
- _____ I understand that students who enroll in MOCAP courses are expected to actively participate in those courses with the goal of completing each course. **If a student does not actively participate in a course or is not successful in a course, the district may remove the student from the MOCAP course and deny enrollment in a MOCAP course in the future;**
- _____ I understand that if I take a MOCAP course, the virtual provider, not Knob Noster Public Schools, will monitor and provide accommodations specified in my student's IEP or 504 plan and/or ELL support; however, prior to MOCAP enrollment, an IEP or 504 meeting will take place (See Missouri Course Access and Virtual School Program (MOCAP) for Special Education Students on District website);
- _____ I understand that I am responsible for understanding how my educational choices, including my decision to take a MOCAP course, may impact my student's MSHSAA or NCAA eligibility. (See FAQ on District website)

Additional Information:

1. If the course is offered **onsite by the district**, are there extenuating circumstances that make it difficult or impossible for the student to take the onsite course offered by the district?

2. If the course is offered **onsite by the district** and the student is able to take that course, what are the reasons the student wants to take the course through VIRTUAL?

3. If the course is offered **online by the district** and the student is able to take that course, what are the reasons the student wants to take the course through VIRTUAL?

Parent/Guardian Signature _____ Date: _____

THIS PAGE IS FOR ADMINISTRATOR/COUNSELOR

DIRECTIONS: Complete Sections B & C

Send the completed form to the MOSIS Core Data/Tyler SIS Coordinator at Central Office

Send the MOCAP (i.e. MOVA, MOCA, etc.) application, if applicable, completed by the parent/guardian to the MOSIS Core Data/Tyler SIS Coordinator at Central Office for completion.

SECTION B

_____ Student has attended a public school or charter school for at least one full semester immediately prior to the request.

School name: _____

_____ Student resides within the district boundaries and is enrolled as a full-time student in the district.

_____ Course prerequisite courses have been successfully completed.

_____ Course request meets Knob Noster Public Schools graduation requirements.

_____ Student is not carrying maximum academic load for the semester requested (i.e., this course would not be beyond the normal full load).

_____ **(If applicable)** Student has demonstrated success in previous online courses.

_____ Knowledge of IEP or 504 approval. **Meeting must be held prior to enrollment in virtual.**

SECTION C

EDMENTUM IS THE DISTRICT PREFERRED PROVIDER

	Name of Virtual Course To Be Enrolled (if K-5, just list Elem Line 1)	List Semester (1st, 2nd, Both)	Name of Virtual Course Provider *
1			
2			
3			
4			
5			
6			
7			
8			