

Request to Enroll in Virtual Course(s)

Enrollment Deadlines: August 15th for 1st semester and December 1st for 2nd semester

Name of Student: _____ Last School Attended _____

**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 Sedalia School District #200 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 the Sedalia School District #200 School District 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 the Sedalia School District #200 School District 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 the Sedalia School District #200, 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 the District's 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 the District's 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

Enrollment Deadlines: August 15th for 1st semester and December 1st for 2nd semester

DIRECTIONS: Complete Section B & C

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

Send the MOCAP 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 Sedalia School District #200 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

LAUNCH IS DISTRICT PREFERRED VENDOR

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