

VIRTUAL COURSES
(Request to Enroll in Virtual Courses)

The student or parent/guardian should complete this form and submit it with class enrollment materials. Please use more than one form if necessary.

Name of Student: _____

Grade Level: _____ **Mailing Address:** _____

Requested Date of Enrollment:

_____ Fall (Enrollment Period May 1 through the 3rd Day of School in August)

_____ Spring (Enrollment Period December 1 through the 3rd Day of School in January)

Course/Courses Requested

Please check the MOCAP website for a list of vendors and courses available: <https://mocap.mo.gov>
Nodaway-Holt School District's preferred approved vendor is Launch

Name of Requested Online Course	Number of Credits if Applicable	Online Course Provider

Please indicate the reason for requesting online learning:

_____ The course is not offered in my child's school

_____ There is a scheduling conflict

_____ Other: (Please describe) _____

Requested location for completion of the course:

_____ Outside of my school

_____ At my school

Mark the purpose of taking the online course:

_____ Credit Recovery

_____ Credit Advancement

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

_____ _____ We understand that the Nodaway-Holt R-VII School District is not required to provide access to computers, Internet or other necessary technology resources to students choosing to take a MOCAP course.

_____ _____ We understand that Nodaway-Holt R-VII 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.

_____ _____ We 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.

_____ _____ We understand that all MOCAP courses follow the same school calendar as traditional courses and that students enrolled in MOCAP courses are expected to complete all course requirements by the end of the semester.

_____ _____ We understand that since the Nodaway-Holt R-VIII School District does not offer summer school, that if a MOCAP class is taken in the summer for credit recovery, we are responsible for payment, not the Nodaway-Holt R-VII School District.

_____ _____ We understand that all students who enroll in MOCAP courses are expected to actively participate in those courses with the goal of completing the course. If a student does not actively participate in a course or is not successful in the course, the district may remove the student from the course and refuse to enroll the student in a MOCAP course in the future.

_____ _____ We understand that if taking a MOCAP course, the virtual provider, not the Nodaway-Holt School District, will monitor and provide accommodations specified in a student's IEP or 504 and or ELL support.

_____ _____ We understand that the student/parent is responsible for understanding how educational choices, including the decision to take a MOCAP course, may impact MSHSAA eligibility.

_____ We understand that students enrolled in MOCAP courses will be required to take all State assessments required by the Missouri Department of Elementary and Secondary Education.

_____ We understand that all students enrolled in online courses are subject to district policies, procedures, and rules applicable to students enrolled in traditional class offerings including, but not limited to, the district’s discipline codes and prohibitions on academic dishonesty, discrimination, harassment, bullying, and cyberbullying.

Student Signature

Date

Parent/Guardian Signature

Date

-----Office Use Only-----

Counselors: Please mark/check all true statements listed below.

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

If checked, please provide the name of the school attended: _____

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

_____ Course prerequisites/grade levels have been completed.

_____ Course requests meet graduation requirements.

_____ Course requests will not exceed full-time enrollment in the district.

_____ Course selection aligns with the student’s ICAP if applicable.

_____ Student receives special education services.

School Counselor’s Signature

Date

School Counselor: Please submit completed form and any documentation to the building principal.

* * * * *

Note: The reader is encouraged to review policies and/or procedures for related information in support of this administrative area.

Implemented:

Revised:

Nodaway-Holt R-VII School District
318 South Taylor Street
Graham, MO 64455