

**REQUEST TO ENROLL IN VIRTUAL COURSES OFFERED THROUGH
LAUNCH OR ON-LINE DUAL CREDIT COURSEWORK**

Applications should be submitted to the school counselor.

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)

Coursework Requested:

____ District Virtual Coursework (Launch Program)

____ Dual Credit Through a Higher Educational Institute

Course/Courses Requested

Name of Requested Online Course	Number of Credits if Applicable	Institute/Provider of Coursework

Please indicate the reason for requesting the coursework:

____ To earn dual credit hours

____ We prefer virtual instruction rather than in person instruction

____ Other: (Please describe) _____

Requested location for completion of the course:

_____ Outside of my school/on site (Launch and on campus courses)

_____ At my school (Dual- credit option)

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

_____ _____ We understand that in order to be successful in a virtual course, a student must have good computer skills, time-management skills, persistence, and good written communication skills.

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

_____ _____ We understand that all students who enroll in virtual 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 virtual course in the future.

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

_____ _____ We understand that students electing to participate in Launch virtual courses will not qualify for participation in in-person activities including athletics, groups, organizations and events sponsored by the schools.

_____ _____ We understand that students enrolled in virtual 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 virtual 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

*Please submit the completed application to your student's school counselor.

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

Date Received: _____

_____ Date of conference/meeting held to discuss virtual instruction, course options and academic goals.

Check the type of conference:

_____ In person

_____ Virtual

_____ Phone

The student has an Individual Career Academic Plan (ICAP) on file: _____ Yes _____ No

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

_____ 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, 504 and or ELL services.

_____ The request is in the educational best interest of the student and is *approved*.

_____ The request is not in the educational best interest of the student and is *denied*.

Counselor's Signature

Date