

Plato R-V School District Request to Enroll in Virtual Course(s)



Parent/Guardian: Please complete this form and submit it to the Principal of Student Services. Submit all documents you feel support virtual being in your child's best interest along with this form. Additional information can be found in the virtual manual for students and parents.

Student Name: _____ **Date:** _____

Student Grade Level: _____ **Semester of Enrollment:** _____

Student was enrolled as a full-time student in public school during the semester immediately prior to the semester that virtual enrollment is requested for.

Yes No

Does the student have an IEP or 504 plan?

Yes No

Has the student previously been enrolled in virtual courses?

Yes No

If yes, did the student fail any previous online courses?

Yes No

Parent/Guardian: Please initial **ALL** of the following to indicate that you have read and understand them.

_____ I understand that the Plato R-V School District is not required to provide access to computers, internet or other necessary technology resources to students choosing to take a virtual course.

_____ My student has access to a computer and the internet at home (beyond a cell phone).

_____ I understand that the Plato R-V School District is not required to provide a supervised location for students taking a virtual 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 Acellus, MOVA, and Launch courses follow the same school calendar as seated courses. Students enrolled in virtual courses are expected to complete all course requirements by the end of the semester as stated on the District school calendar.

_____ I understand that 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 a course, the district may remove the student from the virtual course and refuse to enroll the student in a virtual course in the future.

_____ I understand that if I enroll my student in a virtual course, the virtual provider, not the Plato R-V School District, will monitor and provide accommodations specified in my student's IEP or 504 plan and/or ELL support.

_____ I understand that I am responsible for understanding how my educational choices, including my decision for my student to take a virtual course, may impact my student's MSHSAA eligibility.

_____ I understand that my student's progress will be monitored on a regular basis. If my student fails an online course, MSHSAA eligibility may be impacted.

_____ I understand that a representative of my student's school will conduct weekly check-ins to ensure my student is attending their online course and making progress toward successful completion of the course.

_____ I understand that if my student does not regularly attend the online course, or is not making academic progress in the course, my student may be required to return to in-person learning.

My student plans to participate in the following extracurricular activities (such as basketball, softball, cheerleading, track, etc.) while enrolled in online courses (high school and middle school students only, list all that apply):

Parent Signature: _____ Date: _____

Parent Name (Print): _____ Email: _____

If your request is denied you have the right to appeal the decision to the Board of Education. In the event your request is denied, you will receive written notice and information on the appeal procedure will be provided to you.

_____ District use only

Team Recommendation:

Virtual learning request approved? Yes No Date of Recommendation _____

Online Request Review Team Signatures

Role of Individual	Signature	Date
Building Counselor		
Virtual Administrator		
Building Principal		