

**SOUTHWEST R-V SCHOOL DISTRICT
MISSOURI COURSE ACCESS PROGRAM (MOCAP)
COURSE REQUEST FORM**

This form is for requesting entrance into MOCAP here in the Southwest R-V School District. The student and parent/guardian should complete and submit this form along with the regular enrollment forms to the appropriate school office within the first three weeks of the semester or entrance into the district. By signing this form the student and parent/guardian acknowledge that they have reviewed the policies and procedures regarding enrollment in the MOCAP online program.

Full information can be found on the school website. The Southwest R-V primary MOCAP option for Elementary grades K-4 is LAUNCH. The primary MOCAP option for grades Middle School and High School grades 5-12 is Edgenuity. Launch is also available on request.

MOCAP is 100% a virtual program and your student will not be allowed to return to in-person learning until the semester is completed.

Your student will not be permitted to participate in any extracurricular activities, sports, groups, clubs, etc.

The curriculum for MOCAP is specific to the graduation requirements of the Southwest R-V School District and the Missouri Department of Elementary and Secondary Education. MOCAP students will receive credit for each completed course with a passing grade that will be applied to Southwest R-V graduation requirements.

You and your student will be given a User ID. Please make sure you are monitoring your students progress to ensure they are on schedule to complete the course on time. If the MOCAP instructor feels your student is not making sufficient progress or is in danger of failing, they will be in contact with you.

I understand the guidelines for the MOCAP option and request my student

_____ be placed in the MOCAP program for the _____

semester of the _____ school year.

IEP or 504 _____ **yes** _____ **no** (yes requires IEP meeting and Directors Signature) _____

Parent Signature _____ **Date** _____

Student Signature _____ **Date** _____

Principals Signature _____ **Date** _____