

East Bay Educational Collaborative Resident District Approval Request for Attendance at Rhode Island Connections Academy

Form Facts
Parents/Legal Guardians Instructions: Please complete a separate form for each student. Complete all information in Section I of this form. You will submit this form to your Resident District School Official for completion, approval, and signature in Section II. If your resident district has a board-approved application form, please ensure that you include that as well and any other documents that are required by your resident school district This form must be completed in its entirety and signed by both the parent or legal guardian and the School Official.

What is Rhode Island Connections Academy?

Rhode Island Connections Academy is an online public-school program for students in grades K–12 who reside in the state of Rhode Island. Rhode Island Connections Academy is tuition-free for families and is funded through local school districts in partnership with East Bay Educational Collaborative. This is a unique public-school program that combines the strong parental involvement of learning from home, professional expertise, accountability, and a flexible learning environment. Rhode Island Connections Academy provides the tools and support students need to learn in an online setting.

Please note: If your resident school district determines that attending the program is not in the best educational interest of the student, please refer to your local school district policy regarding your rights to access this program, including your right to appeal a denial/ineligibility determination.

I. Student Information Section

To be completed and signed by the parent or legal guardian.

School Year Applying For: _____

Legal Name of Student (First, Middle Initial, Last): _____

Gender: Male Female

Student Date of Birth: _____

Indicate the grade the student will be enrolling in:

- K 1 2 3 4 5 6 7 8 9 10 11 12

Name of First Parent/Legal Guardian: _____

Relationship to Student: _____

Name of Second Parent/Legal Guardian: _____

Relationship to Student: _____

Preferred Phone: _____ Work Phone: _____

Email: _____

Mailing Address: _____

City: _____ State: _____ ZIP Code: _____

Physical Address (if different from above): _____

City: _____ State: _____ ZIP Code: _____

Parent/Legal Guardian Records Release Authorization and Acknowledgement

Rhode Island Connections Academy is a program sponsored by the East Bay Educational Collaborative, a consortium of school districts in the East Bay of Rhode Island. I certify that my student's enrollment in the Virtual Program is in the best educational interest of the student. Should the resident school district approve my student's enrollment, I provide my consent for the school district to release all of the student's educational records to Rhode Island Connections Academy without delay.

I approve this application and give permission for the release of records to the East Bay Educational Collaborative and Rhode Island Connections Academy for the purpose of application/admission/placement. Such records include, but are not limited to academic history, current course grades, standardized test results, Individualized Education Programs (IEP), 504, attendance record, school health record, conduct reports, and evaluation reports such as psychological/educational evaluations.

Upon program acceptance, I understand there are additional steps to confirm student attendance.

By signing below, I acknowledge my agreement with the information in this section and certify that all of the information provided in this form is accurate and complete.

Parent/Legal Guardian Signature: _____ Date Signed: _____

II. District School Information (School Use Only)

Section II is completed and signed by the student's Resident School District Official.

Student's State Assigned Student Identifier (SASID) Number: _____

Please check any areas in which the student received services during the previous semester:

- Special Education English Language Services Free and Reduced Lunch
 Section 504 McKinney-Vento
 Other: _____

Name of Resident School District (This is the school district the student is currently enrolled full-time): _____

Name of Student's Current School of Enrollment: _____

Address of School (currently enrolled): _____

Please provide contact information for the resident school district school official responsible for the following:

Student's Progress Monitoring (for example, Student's counselor)

School Official Name: _____ Title: _____

Phone Number: _____ Email: _____

Invoicing (for example, School Business Manager)

School Official Name: _____ Title: _____

Phone Number: _____ Email: _____

Approved Course Schedule

Please select the student's full-time course schedule by attaching it to this form or specifying the courses in the space below. To review the courses offered at Rhode Island Connections Academy, please visit <https://www.connectionsacademy.com/rhode-island-online-school/academics/curriculum>

Districts are responsible for ensuring students meet graduation requirements. District staff should regularly perform credit audits to ensure students are on track to graduate and meet the appropriate requirements.

English Language Arts: _____ Math: _____

Social Studies: _____ Science: _____

Elective 1: _____ Elective 2: _____

Elective 3: _____ Other: _____

Special Education

Students who receive Special Education services will continue to have services provided by their resident school district. Rhode Island Connections Academy will provide our standard education program in accordance with any IEP or 504 plan shared by the school district. Please note that Rhode Island Connections Academy does not provide courses that address alternative achievement standards.

Note: Students receiving Special Education or Section 504 services- The school district is required to provide Rhode Island Connections Academy with student IEP or Section 504 Plan setting forth necessary accommodations.

To review the accommodations made available to students attending Rhode Island Connections Academy, please visit https://www.connectionsacademy.com/Portals/116/documents/Rhode_Island_Special_Education_Accommodations.pdf

Date of Most Recent IEP/504/EL meeting: _____

Date Sent to Rhode Island Connections Academy: _____

Please provide the School Official responsible for Delivery of Special Education Services (i.e., Special Education Director)

School Official Name: _____ Title: _____

Phone Number: _____ Email: _____

Resident School District Signature (Required)

The Resident School District has reviewed and approved the student's course schedule as outlined above.

Confirm that most current English Language Learner Plan, IEP and/or Section 504 Plan accommodation requirements were sent to Rhode Island Connections Academy

Date of Approval Request: _____

Date of Denial: _____ Reason For Denial: _____

Signature of District Official: _____ Date Signed: _____

Printed Name of District Official: _____ Title of Official: _____

Please note: If the district has a question about course offerings or accommodations for a student, the district may contact Tracey McGee-Moreira at 401-284-9217 or at trmcgeemoreira@rhoa.connectionsacademy.org.