

**VIRTUAL COURSES**  
*(Request to Enroll in Virtual Courses)*

The student or parent/guardian should complete this form and submit it to the school counselor 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 3<sup>rd</sup> Day of School in August)

\_\_\_\_ Spring (Enrollment Period December 1 through the 3<sup>rd</sup> 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>

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) \_\_\_\_\_

FILE: IGCD-AF1

Critical

Requested location for completion of the course:

\_\_\_\_\_ Outside of my school

\_\_\_\_\_ At my school

Mark the purpose of taking the on-line course:

\_\_\_\_\_ Credit Recovery

\_\_\_\_\_ Credit Advancement

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

\_\_\_\_\_ \_\_\_\_\_ We understand that the Cameron R-I 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 Cameron R-I 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 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 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 the student/parent is responsible for understanding how educational choices, including the decision to take a MOCAP course, may impact MSHAA 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.

FILE: IGCD-AF1

Critical

**School Principal Determination:**

\_\_\_\_\_ 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*.

If applicable, date of notification of denial and appeal process. \_\_\_\_\_

\* \* \* \* \*

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

Implemented: 05/21/2012

Revised: 10/18/2018

Cameron R-I School District