

VIRTUAL COURSE REQUEST FORM

Student Name: _____ Grade _____

Parent/Guardian Name: _____

Name of Guidance Counselor: _____

Requested Date of Enrollment (semester/year): _____

Name of Online Course	Enrollment Length (Semester/Year)	Prerequisites Met (Y/N)

Parent/Guardian Signature: _____ Date: _____

Student Signature: _____ Date: _____

Students with a failing grade for 3 continuous calendar weeks will be reviewed for continuing online learning via MOCAP. Families will be notified in writing that the student's placement in the online course is being reviewed. If it is determined that continuing the online class is not in the student's best academic interests, the student will be transferred into a traditional course and the online course will be dropped.