

Sweet Springs R-VII School District

Request to enroll in Virtual Courses

(This request must be submitted prior to the start of the upcoming semester.)

Name of Student _____ Current Grade of Student _____

Requested Semester of Enrollment (Fall or Spring) _____ Year _____

Name of Virtual Course	Course Provider

- I have read Board Policy I-160-P and have had the opportunity to have all questions answered by the district regarding its content.
- I have read the Virtual Guidelines and understand the expectations.

Student Signature

Date

Parent/Guardian Signature

Date

For office use only:

Check all that apply:

- The request was received within the open enrollment period by the registration deadline.
- Student has proof of residency within the Sweet Springs R-VII School District
- Student is enrolled in the Sweet Springs R-VII School District on a full time basis
- Student has attended the Sweet Springs R-VII School District for at least one semester immediately prior to enrolling in a virtual course, or has previously successfully completed other MOCAP approved courses.
- Course(s) requested does not cause the student to exceed full-time equivalent in the district.
- Student has the equipment and internet access needed to complete the virtual course(s).

**Student must meet all requirements to be considered for approval of a virtual course.*

Course(s) Approved for Enrollment

Course(s) Declined for Enrollment

Reason(s) for denying enrollment based on the best educational interest of the student:

- Student has shown an inability to work independently
- Student does not demonstrate competency in operating technology necessary for course completion
- Student has not shown success in previous virtual courses enrolled in
- As outlined in Policy I-160-P, the student's IEP team determined that virtual enrollment was not appropriate to provide the student a free and appropriate public education
- Other reason(s) enrollment is not in the best educational interest of the student:

Signature of Principal _____ Date _____

Date student and/or parent/guardian notified of virtual course request determination _____