## **Request to Enroll in Virtual Courses**

Odessa R-VII School District

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

Name of Student	Current Age of Student
Requested Semester of Enrollment (Spring or Fall)	Year

Name of Virtual Course	Course Provider

□ I have read Board Policy IGCD and have had the opportunity to have all questions answered by the district regarding its content.

	Date
Student Signature	
	Date
Parent/Guardian Signature	
For office use only:	

Check all that apply:

- □ Request was received within the open enrollment period by the registration deadline.
- □ Student has proof of residency within the Odessa R-VII School District.
- □ Student is enrolled in the Odessa R-VII School District on a full-time basis.

□ Student has attended the Odessa 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 enrollment in the district.

□ Student has the equipment and Internet access needed to complete the virtual course(s).

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

## **Course(s) Declined for Enrollment**

Reason(s) for Denying Enrollment based on the educational interest of the student:

 $\hfill\square$  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 IGCD, 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
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Date student and/or parent/guardian notified of virtual course request determination.