

Online Learning Request Form

Student Name:	Date:				
Date of Birth :	Grade (5-12)/school year when taking online course: Grade: School Year:				
Student Building of Enrollment:	Student IEP? Yes or No Student 504? Yes or No				
Address:					
Student E-mail:	Student Signature:				
Course Info	rmation				
Course #1 Title:	Subject: Math ELA Science Social Studies Other				
Course Provider:	Trimester: $\Box 1^{st}$ $\Box 2^{nd}$ $\Box 3^{rd}$ \Box Summer (Family responsible for full payment)				
 Is class aligned with the MMC? Yes or No Is the class aligned with student's goal for graduation? Yes or No Does the student possess the prerequisite skills for this course? Yes or No Is the rigor of this course sufficient for preparing students to be College, Career and Life Ready? Yes or No 					
Course #2 Title:	Subject: Math ELA Science Social Studies Other				
Course Provider:	Trimester: $\Box 1^{st}$ $\Box 2^{nd}$ $\Box 3^{rd}$ \Box Summer (Family responsible for full payment)				
 Is class aligned with the MMC? Yes or No Is the class aligned with student's goal for graduation? Yes or No Does the student possess the prerequisite skills for this course? Yes or No Is the rigor of this course sufficient for preparing students to be College, Career and Life Ready? Yes or No 					
Reason for Interest in Online Course (check all that apply)					
 Accelerated learning Long term suspension/expelled Medical situation Credit recovery Working student Other - please spectrum 					
□ I have read the course syllabus for each course selected and understand that by requesting the course, I may be responsible for paying a portion of the cost of the course including required resources. I am solely responsible for the completion of this course; my score earned in this course will be transferred into a grade and will appear on my transcript (HS course) . My failure of any online course prevents me from registering for an online course in the future. Refunds are not provided for incomplete or failed courses.					
Student Initials					
Parent Information					
Parent Name:	Phone:				
Parent E-mail:	Parent Signature:				
Counselor Signature: Date:	Administrator Signature:				

Date Received:	Meeting Date:
Course #1 approved: Yes No	Student enrolled course #1: Yes No
Course #2 approved: Yes No	Student enrolled course #2: Yes No

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2013.14					
FCS Online Course Request Cost Worksheet					
Student Name:					
Grade:	Bui	lding:			
Trimester:		1st	2nd 3rd		Summer
Course Name					
Offered By:					
Content Provi	der:				
Instructor Pro	vide	er:			
Course Number:			FCS MAX: \$390		
Cost of Course:		Additional Cost:			
80% Initial Payment:					
20% Final Payment:		Course Passed or Completed?			
				Yes	No
Total District Cost:		Parent Cost:			

2013.14						
F	FCS OI	nline Course I	Request Cost	Worksheet		
Student Name	e:					
Grade:	Build	uilding:				
Trimester:		1st	2nd	3rd	Summer	
Course Name:						
Offered By:						
Content Provi	der:					
Instructor Pro	vider	:				
Course Number:				FCS MAX: \$390		
Cost of Course:		,	Additional Cost:			
80% Initial Pay	ymen	t:				
20% Final Payment:		_	Course Passed or Completed?			
				Yes	No	
Total District Cost:			Parent Cost:			