

Virtual Courses Application

Ava Elementary School and Ava Middle School

PO Box 338 /Ava, MO 5608

*To be completed and turned in to the building principal or counselor. This can be emailed to us or delivered in person. Please make an appointment to discuss approval/denial.

Applications will only be accepted during Spring scheduling for the following year or during the first two days of the semester. Changes will be made after this time on a case by case basis.

All students must obtain district approval prior to enrolling in a virtual course provided or paid for by the district.

If a student is approved to take a virtual course and does not actively participate in a course or is not progressing in the course, the district may remove the student from the virtual course and refuse to enroll the student in virtual courses in the future.

Student Name: _____

Parent/Guardian Name: _____

Current Grade Level: _____ Cumulative Attendance: _____

Do you have an IEP or 504?: _____

Requesting Virtual Courses: In School _____ or Home _____

Characteristics for Success		
When determining if enrollment in a virtual course is the best educational decision for a student, the student and parent might consider the following information. Please check yes or no for each skill.		
Skill	Yes	No
The student has demonstrated time-management skills that indicate the student is capable of submitting and completing course requirements without reminder.	<input type="checkbox"/>	<input type="checkbox"/>
The student has demonstrated persistence in overcoming obstacles and willingness to seek assistance when needed.	<input type="checkbox"/>	<input type="checkbox"/>
The student has demonstrated verbal or written communication skills that would allow the student to succeed in an environment where the instructor may not provide nonverbal cues to support the student's understanding.	<input type="checkbox"/>	<input type="checkbox"/>
The student has the necessary computer or technical skills to succeed in a virtual course (can submit work on google docs/can send an email).	<input type="checkbox"/>	<input type="checkbox"/>
The student has daily access to reliable internet services.	<input type="checkbox"/>	<input type="checkbox"/>
The student has daily access to technology necessary to participate in a virtual course.	<input type="checkbox"/>	<input type="checkbox"/>
The student has previously taken a virtual course and has been successful.	<input type="checkbox"/>	<input type="checkbox"/>
Parents/Guardians can access and monitor student grades either through Parent Portal or Google Classroom.	<input type="checkbox"/>	<input type="checkbox"/>

Please explain why this is the best educational placement for your child and attach any documentation needed. This may include but is not limited to letters from a doctor/parent/student, student transcript, official attendance report, etc. If you need more space please use the back of this sheet or attach another sheet to the back.

REQUESTED COURSE OFFERINGS

English/Language Arts Class _____

If there are prerequisites for this course, have you met them all? _____

Why do you want to take this course online and how will it benefit you in the future?

Math Class _____

If there are prerequisites for this course, have you met them all? _____

Why do you want to take this course online and how will it benefit you in the future?

Social Studies Class _____

If there are prerequisites for this course, have you met them all? _____

Why do you want to take this course online and how will it benefit you in the future?

Science Class _____

If there are prerequisites for this course, have you met them all? _____

Why do you want to take this course online and how will it benefit you in the future?

Elective Class #1 _____

If there are prerequisites for this course, have you met them all? _____

Why do you want to take this course online and how will it benefit you in the future?

Elective Class #2 _____

If there are prerequisites for this course, have you met them all? _____

Why do you want to take this course online and how will it benefit you in the future?

Elective Class #3 _____

If there are prerequisites for this course, have you met them all? _____

Why do you want to take this course online and how will it benefit you in the future?

Optional Class #1 (If the class I requested is not available)

If there are prerequisites for this course, have you met them all? _____

Why do you want to take this course online and how will it benefit you in the future?

Optional Class #2 (If the class I requested is not available)

If there are prerequisites for this course, have you met them all? _____

Why do you want to take this course online and how will it benefit you in the future?

Optional Class #3 (If the class I requested is not available)

If there are prerequisites for this course, have you met them all? _____

Why do you want to take this course online and how will it benefit you in the future?

IMPORTANT information for parents/guardians and students:

By signing, you are stating you have read and agree to abide by ALL these stipulations.

1. We understand that if our student fails a virtual course, they will not be eligible in the future for more courses.
2. We understand that if our student's attendance drops below 95% our student could lose eligibility.
3. We understand that if our student is not logging in and making satisfactory progress within 20 days of the virtual course beginning date, they will be dropped from the course.
4. We understand that if the course is not completed by the appointed deadline, they will receive an "F" and may be ineligible for future courses.

Parent Responsibilities

I, as a parent, will support my child's learning in the following ways:

1. **Make sure they have scheduled about 7 hours each school day to work on assignments (e.g., 8:00 AM to 3:00 PM).**
2. **Check that homework is completed.**
3. **Monitor the amount of television watched.**
4. **Stay informed about my child's education by reading all communications from the school and responding appropriately.**
5. **Communicate all concerns directly to the classroom teacher.**
6. **We understand that if our student uses school property at home for virtual instruction and breaks and/or loses school property, we (parents/guardians) will be billed for the replacement of such devices.**
7. **We understand that if our student fails a virtual course, they will not be eligible in the future for more courses.**
8. **We understand that if our child fails a course, he or she may be ineligible for MSHSAA sanctioned activities (e.g., athletics, vocal music, band, etc.)**
9. **We understand that if our student does not log in or participate for 10 consecutive days, he or she may be dropped from courses and parents will be responsible for coming into the school to discuss further options with the building principal.**
10. **We understand that if the course is not completed by the appointed deadline, they will receive an "F" and may be ineligible for future courses.**

Parent/Guardian Name (print)

Parent/Guardian Signature

____/____/____
Date

Student Responsibilities:

I, as a student, will share the responsibility to improve my academic performance to meet the Missouri Learning Standards and will:

1. Make sure I have scheduled about 7 hours each school day to work on assignments (e.g., 8:00 AM to 3:00 PM).
2. Be respectful toward others and follow digital citizenship guidelines.
3. Do my homework every day and ask for help when I need it. I will contact my teacher through e-mail or Google classroom if I have questions.
4. I will complete and submit my work by due dates.
5. I will participate in all scheduled virtual meetings and activities.
6. Read at least 30 minutes every day outside of school time.
7. Give all notes and information from my school to my parent/guardian daily.
8. Participate in student-led conferences.

Student Name (print)

Student Signature

____/____/____
Date

This section is for OFFICE USE ONLY . If courses are denied, you will receive a written explanation.

_____Approved for the selected courses _____NOT approved for the selected courses
**If not approved, a written explanation will be given. It is your right to appeal a denial to the local school board.*

Counselor Signature

____/____/____
Date

Principal Signature

____/____/____
Date