**FAIRFAX R-3 VIRTUAL EDUCATION COURSES**

**(Request to Enroll Form)**

|  |
| --- |
| **The student and parent/guardian should complete this form and submit it to the school counselor with the class enrollment materials.**  |

STUDENT NAME:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

GRADE LEVEL:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Requested Semester of Enrollment: (Must Be Submitted by the end of the 3rd day from the start of the semester)**

FALL SEMESTER:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

SPRING SEMESTER:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Course/Courses Requested**

|  |  |
| --- | --- |
| **NAME OF REQUESTED ONLINE COURSE** | **ONLINE COURSE PROVIDER** |
|  |  |
|  |  |
|  |  |
|  |  |

**Reason for requesting enrollment into online course- Circle any that apply**

1. Course not offered by school. 2. Scheduling Conflict 3. Credit Recovery
2. Course Needed for Early Graduation

5. OTHER- Please Describe Below-

**PARENTS AND STUDENTS- Please Read the Following and sign below to indicate that you have read, understand and agree to the following statements-**

We understand that the School District is not required to provide a supervised location for the students taking Virtual Education course work during the school day. We understand that our student must have good computer skills, time-management skills, persistence and good written communication skills. We understand that the virtual education provider, not the Fairfax School District, will monitor and provide accommodations specified in a student’s IEP or 504 Plan. We understand that the virtual course will follow the same school calendar as traditional courses and that students enrolled in virtual courses are expected to complete all course requirements by the end of the semester. We understand that it is not the school’s responsibility to provide grade checks for students enrolled in the virtual education courses and that it will be up to me, the parents/guardian, to monitor student grades and to contact the virtual teacher should any issues arise. We understand that if our student does not actively participate in the course, or is not successful in the course, the district may remove the student from the course and refuse future enrollment in virtual education courses. We understand that all students enrolled in virtual education courses are required to take any and all DESE required state assessments.

Student Name (Print) Student Signature DATE

Parent Name (Print) Parent Signature DATE

**OFFICE USE ONLY**

**\_\_\_\_\_\_\_\_\_** Student has attended a public or charter school for at least one full semester immediately prior to the request

IF CHECKED

\_\_\_\_\_\_\_\_\_ Student resides in the district and is enrolled as a full-time student in the district

\_\_\_\_\_\_\_\_\_ Course Request meets graduation requirement

\_\_\_\_\_\_\_\_\_ Course Prerequisites/grade-levels have been completed

\_\_\_\_\_\_\_\_\_ Course request will not exceed full-time enrollment in the district

\_\_\_\_\_\_\_\_\_ Course Selection aligns with the Student’s ICAP

\_\_\_\_\_\_\_\_\_ Successful Completion of Prior Virtual Education Course

\_\_\_\_\_\_\_\_\_\_ Student Requires Virtual Education Course for (Circle)

Credit Recovery Homebound Instruction Schedule Conflict

Early Graduation Requirement OTHER: Please Note Below.

**DETERMINIATION:**

\_\_\_\_\_\_\_\_\_\_\_\_ It is determined that the request and course is in the best educational interest of the student and is approved

\_\_\_\_\_\_\_\_\_\_\_\_ It is determined that the request and course is not in the best educational interest of the student and is denied.

DATE OF NOTIFICATION:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

PRINCIPAL NAME AND SIGNATURE:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_