



Preparing Students to be College, Career and Life Ready!

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 Information		
Course #1 Title:	Subject: <input type="checkbox"/> Math <input type="checkbox"/> ELA <input type="checkbox"/> Science <input type="checkbox"/> Social Studies <input type="checkbox"/> Other _____	
Course Provider:	Semester: <input type="checkbox"/> 1st <input type="checkbox"/> 2nd <input type="checkbox"/> Summer (<i>Family responsible for full payment</i>)	
<input type="checkbox"/> Is class aligned with the MMC? Yes or No <input type="checkbox"/> Is the class aligned with student's goal for graduation? Yes or No <input type="checkbox"/> Does the student possess the prerequisite skills for this course? Yes or No <input type="checkbox"/> Is the rigor of this course sufficient for preparing students to be College, Career and Life Ready? Yes or No		
Course #2 Title:	Subject: <input type="checkbox"/> Math <input type="checkbox"/> ELA <input type="checkbox"/> Science <input type="checkbox"/> Social Studies <input type="checkbox"/> Other _____	
Course Provider:	Semester: <input type="checkbox"/> 1st <input type="checkbox"/> 2nd <input type="checkbox"/> Summer (<i>Family responsible for full payment</i>)	
<input type="checkbox"/> Is class aligned with the MMC? Yes or No <input type="checkbox"/> Is the class aligned with student's goal for graduation? Yes or No <input type="checkbox"/> Does the student possess the prerequisite skills for this course? Yes or No <input type="checkbox"/> 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)		
<input type="checkbox"/> Accelerated learning <input type="checkbox"/> Credit recovery <input type="checkbox"/> Course not offered at WOPS <input type="checkbox"/> Long term suspension/expelled <input type="checkbox"/> Working student <input type="checkbox"/> Social/emotional/family issues <input type="checkbox"/> Medical situation <input type="checkbox"/> Other - please specify _____		
<input type="checkbox"/> 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: