



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 West Ottawa 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>)

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: <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>)

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)

<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 _____	

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:	

FOR OFFICE USE ONLY

Date Received:	Meeting Date:
Course #1 approved: <input type="checkbox"/> Yes <input type="checkbox"/> No	Student enrolled course #1: <input type="checkbox"/> Yes <input type="checkbox"/> No
Course #2 approved: <input type="checkbox"/> Yes <input type="checkbox"/> No	Student enrolled course #2: <input type="checkbox"/> Yes <input type="checkbox"/> No

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2014-15			
<i>WOPS Online Course Request Cost Worksheet</i>			
Student Name:			
Grade:	Building:		
Semester:	1st	2nd	Summer
Course Name:			
Offered By:			
Content Provider:			
Instructor Provider:			
Course Number:	WOPS MAX: \$600		
Cost of Course:	Additional Cost:		
80% Initial Payment:			
20% Final Payment:	Course Passed or Completed?		
	Yes	No	
Total District Cost:	Parent Cost:		

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2014-15			
<i>WOPS Online Course Request Cost Worksheet</i>			
Student Name:			
Grade:	Building:		
Semester:	1st	2nd	Summer
Course Name:			
Offered By:			
Content Provider:			
Instructor Provider:			
Course Number:	WOPS MAX: \$600		
Cost of Course:	Additional Cost:		
80% Initial Payment:			
20% Final Payment:	Course Passed or Completed?		
	Yes	No	
Total District Cost:	Parent Cost:		