

2019/2020 Enrollment Form: Part-Time Student

PLEASE READ THIS FIRST BEFORE FILLING OUT ANY INFORMATION

Thank you for your interest in enrolling as a supplemental/part-time online student at Minnesota Virtual Schools. To ensure that you provide us with all of the information we need to begin the enrollment process, please refer to the checklist below.

In order to continue the enrollment process, the following items are **REQUIRED**:

- Registration Form (Page 2)
 - Signature of Parent/Guardian and Student is **Required** (unless over 18)
 - School copy of current IEP or 504 Plan if applicable
- MN Department of Education Online Learning Supplemental Form (OLL) (Pages 3-4)
 - Page 3 is to be filled out by Student, Parent or Guardian
 - Signature of Parent/Guardian and Student is **Required** (unless over 18)
 - Page 4 is to be filled out by Current School District
 - Signature of School Contact person is **Required**
 - Available courses are listed on our website: mtcs.org/virtual. Contact MNVS admissions for course syllabi.

IMPORTANT: MNVS supplemental/part-time enrollment takes the place of classes at the student's home school. The requested amount of courses cannot go above a full load at the student's home school. MNVS does not provide classes for tuition pay. MNVS is solely funded by state education tax dollars and uses the normal funding formula.

IMPORTANT: Please FAX or EMAIL **ALL** of the completed forms to the following number in order to expedite the application process.

IMPORTANT: Please print all information clearly.

**To add/change a course, a school counselor must complete a new OLL form (page 4).
Then FAX or EMAIL the OLL form via the information below.**



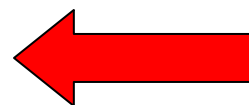
Attn: Minnesota Virtual Schools

FAX: 612-746-7989

OR email PDF scan to mnvsadmissions@emailmtcs.org

Questions? Contact MNVS Admissions at 612-746-7977

Email: mnvsadmissions@emailmtcs.org and/or llorentz@emailmtcs.org



Mailing Address: If you are unable to fax the forms, please feel free to mail them to the following address:

**Minnesota Virtual Schools
Attn: Lorelei Lorentz
180 East Fifth Street, Suite M10A
St. Paul, MN 55101**

Please note that mailing the forms may delay the enrollment process.

Please complete all information requested below. USE LEGAL NAME ONLY

Student's Legal Name: _____
(Last name) (First name) (Middle name) required Preferred Name

Birth date: ____/____/____ **Sex:** _____ **Grade (2019/2020):** _____

Student Email: _____ **Student Phone** (may be student cell): (____) _____

Ethnic Background: Native American Asian Hispanic Black Native Hawaiian/Pacific Islander White

Does student currently have an Individualized Education Plan (IEP)? Yes No If yes, please include a copy.

Does student currently have a 504 Accommodation Plan? Yes No If yes, please include a copy.

Please list any additional information about yourself, or your situation you feel may be important for MNVS to know in order for you to be successful in our program: _____

Legal Guardian #1: _____ **Gender:** M F
(Last name) (First name) (Middle initial)

Does student reside with this person? Yes No Relationship to student: _____

Primary Phone: (____) _____ Secondary Phone: (____) _____ Spoken Language: _____

Legal Guardian #1 Email: _____ *Check if no email account.

Legal Guardian #2: _____ **Gender:** M F
(Last name) (First name) (Middle initial)

Does student reside with this person? Yes No Relationship to student: _____ County: _____

Primary Phone: (____) _____ Secondary Phone: (____) _____ Spoken Language: _____

Legal Guardian #2 Email: _____ *Check if no email account.

Is the student a previous Minnesota Transition Charter School or MNVS part-time or full-time student? Yes No

Legal Guardian Initials I understand my student must be enrolled as a full-time student at a local public/charter school to participate in part-time enrollment with MNVS.

Legal Guardian Initials I understand classes with MNVS will take the place of courses at the full-time school, and that the sum total of classes cannot go above a full-load. (Exceptions may be applicable for students of an ALC.)

Legal Guardian Initials I understand if my student is withdrawn from their full-time school that my student will also be withdrawn from the part-time courses with MNVS.

Legal Guardian Initials I understand I will also need to complete the two-page Online Learning Supplemental Notice of Student Registration form from the MN Dept of Ed – which is the following two pages.

Legal Guardian Initials I understand MNVS only provides semester credit classes, no partial credits.

Legal Guardian Initials With the submission of this application and participation in the MNVS Part-Time Program, I am electing the curriculum provided by MNVS for the student listed.

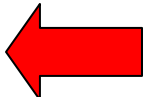
Legal Guardian Initials Students are to log into each course 1 hour each school day. Each school week they must make 5% completion in each class. Continuous academic or attendance violations may result in being dropped from course(s).

Legal Guardian Initials I give permission for my student to participate in groups offered by Minnesota Virtual School.

I CERTIFY ALL INFORMATION PROVIDED ON ALL FORMS IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE.

Signed: _____ **Print:** _____ **Dated:** _____
Legal Guardian Signature Legal Guardian Printed Name
(Required for students under 18)

Signed: _____ **Print:** _____ **Dated:** _____
Student Signature Student Printed Name



Family Education Rights and Privacy Act of 1974 (FERPA) Students over the age of 18 can elect to deny parental access to their educational records if student is no longer claimed as a dependent by parent for tax purposes. Students desiring to pursue this option should contact the Director of Student Services.
Minnesota Statutes and Rules require the school district to keep accurate records and updated personal records for pupils. The information will become a part of the student's permanent cumulative record and will be available to appropriate staff members of District 4017. Certain information, known as "directory information", such as student's name, name of school attended, grade level, parent(s) name, address and telephone number is available to the public and military recruiters unless the district receives a written request from a parent to withhold this information.
As parents and guardians you have the right to know if your child's teachers are highly qualified. For more information you may contact the Superintendent at 612-722-9013.

INSTRUCTIONS: The online learning supplemental notice of student registration is used to register for a supplemental online learning course from an approved public school online learning provider. Supplemental online learning means an online course taken in place of a course period during the regular school day at a local district.

SUBMIT the completed form to the online learning provider listed in section II. One form per student per term is required. This form can be printed and completed by hand or by completing the applicable form fields. **Electronic completion:** Save this form to your computer using a different name, complete the applicable information, print and sign the application and submit.

Section I: To be completed by the parents and student after they have had initial meetings with the enrolling district and online learning provider. Please sign only after you have reviewed the online course and program and understand the expectations of enrolling in online learning.

Section II: To be completed by the online learning provider and enrolling district online contact person. Each school should keep a copy of this form when all signatures have been secured. The enrolling district has 15 days to review the attached course syllabus and sign and submit the form to the online learning provider.

SECTION I: IDENTIFICATION INFORMATION TO BE COMPLETED BY THE STUDENT AND PARENT OR GUARDIAN

Student Name (Last, First, M.I.): _____			Date of Birth: _____			Gender: _____		
Student's e-mail: _____			Student's home phone: _____			Student's cell phone: _____		
Address: _____			City, State Zip code: _____			Current Grade Level: _____		
Enrolling School: _____			Student MARSS Number: _____			Last Grade Completed: _____		

Parent 1/Guardian Name (Last, First, M.I.): _____			Home phone: _____			Parent 1 work phone: _____		
Parent 1/Guardian Address: _____			City, State, Zip Code: _____					
Parent 1/Guardian's E-mail (if different from student): _____			Parent 1 cell phone: _____					
Parent 2/Guardian Name (Last, First, M.I.): _____			Home phone: _____			Parent 2 work phone: _____		
Parent 2/Guardian Address: _____			City, State, Zip Code: _____					
Parent 2/Guardian's E-mail (if different from student): _____			Parent 2 cell phone: _____					

Student reason for enrolling in online learning	Type(s) of internet connection you will be using to access your course
<p>Enter X or check one of the following:</p> <p><input type="checkbox"/> Course not offered at school</p> <p><input type="checkbox"/> Schedule conflict</p> <p><input type="checkbox"/> Enrichment / Advanced learning opportunity</p> <p><input type="checkbox"/> Credit recovery</p> <p>If so, is the course(s) being taken in addition to a full-time schedule? Yes or No: _____</p> <p><input type="checkbox"/> Other: _____</p>	<p>Enter X or check one of the following:</p> <p><input type="checkbox"/> Dial-up modem</p> <p><input type="checkbox"/> Cable/DSL</p> <p><input type="checkbox"/> High Speed Home Connection</p> <p><input type="checkbox"/> High Speed School Connection</p> <p><input type="checkbox"/> No internet access – I plan to participate in this course at: _____</p>

I have discussed enrollment in online learning with my enrolling school representative and the online learning program representative.

I have reviewed the online course(s) and program listed on page 2 and understand the expectations of enrolling in online learning.

Student Signature (required): _____ Date: _____

Parent's signature required for students under 18 years old.

Parent Signature: _____ Print name and relationship: _____

SECTION II: OLL PROGRAM PLAN

TO BE COMPLETED BY OLL PROGRAM PROVIDER AND ENROLLING SCHOOL CONTACT PERSON Online Learning (OLL)

Program: _____ Telephone: _____ Fax: _____

Online Learning Program Coordinator: _____ E-mail address: _____

Online Learning Program Mailing Address: _____ City, State, Zip Code: _____

Enrolling School: _____ District Number: _____ District Type: _____ School Number: _____

Telephone: _____ Fax: _____

Enrolling School Contact Person or Counselor: _____ E-mail address: _____

Enrolling School Mailing Address: _____ City, State, Zip Code: _____

OLL proposed plan for _____ Student name: _____ Student MARSS # _____

OLL Courses (courses may not exceed 50 percent of student's full schedule)	Credit Recovery	Start Date	Sem/Tri/Qtr.	Credits	Proposed completion date	*Meets enrolling district's graduation requirements. Please Enter X and initial

To be completed by the enrolling district:

Enter X or check one of the following:

This coursework will substitute for other course work in the enrolling district and will be funded by the normal funding formula for online learning.

This coursework will substitute for other course work in the enrolling district and will be funded by a contractual agreement with the enrolling district.

This coursework is being taken in addition to the regular district course work and the tuition will be paid by the student.

I am a private or homeschool student and will pay tuition for which I will be billed

Enter X or check one of the following:

Accepts credits based on MN Statue 124D.095

Enrolling district waives 50% online learning credit limit

A separate agreement has been made for exceeding 50% registration limit between the OLL provider and the enrolling district.

Enter X or check one of the following:

The student has notified the enrolling district before the midpoint of the current term. Midpoint Date: _____

The student has NOT notified the enrolling district before the midpoint of the current term, but we have elected to waive this requirement.

The student has NOT notified our district before the midpoint of the current term, and the student is responsible for the paying of tuition

Enter X or check if it applies:

The student has an active IEP on file If student has an active IEP please provide the following information:

Special Education Case Manager Name: _____ E-mail address: _____ Phone: _____

The student is receiving ELL services

I have shared the online learning course(s) syllabus with the enrolling district contact person.

Signature of OLL provider contact person: _____

Print name and title: _____ Date: _____

Please submit to enrolling district contact person

I have reviewed the course syllabus and the course(s) checked meet the enrolling district's graduation requirements.

Signature of enrolling district online learning contact person: _____

Print name and title: _____ Date notification received: _____

Date signed and returned to OLL Provider: _____

Schedule changes may not be made after the midpoint of enrolling district's term unless waived by both schools.

ATTN: Upon completion submit this form to the online learning provider in section II.