

2023-2024 Enrollment Form: Supplemental/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.

- Registration Form (Page 2 & 3)
 - Information and Signature of Parent/Guardian **and** Student is **Required** (unless over 18)
- MN Department of Education Online Learning Supplemental Form (OLL) (Pages 3)
 - Page 3 is to be filled out by Current Enrolling School
 - Signature of School Contact person is **Required**
 - School copy of current IEP or 504 Plan if applicable
 - Available courses are listed on our website: mtcs.org/virtual/courses. Contact MNVS admissions for a 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 together in order to expedite the application process.

IMPORTANT: Please print all information clearly.

To add/change a course: the enrolling school must complete a new OLL form

(page 3). Then FAX or EMAIL the OLL form via the information below.



Attn: Lorelei Lorentz
Minnesota Virtual Schools
FAX: 612-808-2911



OR email PDF scan to mnvsadmissions@emailmtcs.org

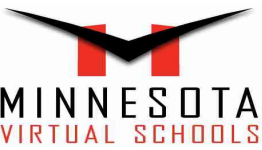
Questions? Contact MNVS Admissions at 612-746-7977

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

NEW 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
1801 County Road B West Suite 300
Roseville, MN 55113

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



ENROLLMENT FORM

2023-2024 School Year | Supplemental / Part-Time Student

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

Birth date _____ **I identify my gender as** _____ **Grade for school year (2023-2024)** _____

Ethnic Background: Hispanic: _____

Student Address _____ **(City/State)** _____ **(Zip Code)** _____

Student Email: _____ **Student Phone:** _____

Does student currently have an Individualized Education Plan (IEP)? _____

Does student currently have a 504 Accommodation Plan? _____

Full-Time School: _____ **School Counselor:** _____

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 _____
(Last name) (First name)

Does student reside with this person? _____ **Relationship to student** _____ **Spoken Language** _____

Primary Phone (____) _____ **Legal Guardian #1 Email** _____

Legal Guardian #2 _____
(Last name) (First name)

Does student reside with this person? _____ **Relationship to student** _____ **Spoken Language** _____

Primary Phone (____) _____ **Legal Guardian #2 Email** _____

CONSENT AND ACKNOWLEDGEMENTS

_____ 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.

_____ 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.)

_____ I understand MNVS only provides semester credit classes, no partial credits.

_____ **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.**

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

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.

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).

I give permission for my student to participate in groups offered by Minnesota Virtual Schools.

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

Guardian Electronic Signature: _____ **Date:** _____

Student Electronic Signature: _____ **Date:** _____

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 a 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.

Supplemental Online Course Registration Form

Definitions: A supplemental online course is an online course taken outside of the enrolling district in place of a course at the enrolling district. A K-12 public student may take up to 50% of their scheduled courses from an approved supplemental online course provider or more if the enrolling district and the online course provider agree. The enrolling district may reduce the number of courses they provide proportional to the supplemental online courses being taken. The grades, credits earned, and standards met are applied by the enrolling district to the student’s regular transcript. See Minn. Stat. 124D.094 [2023].

One form per student per term is required. This form may be transcribed and used electronically for course registrations by a supplemental online course provider. All fields must be included. Districts or charter schools offering online courses to their enrolled students are not required to collect this form from their own enrolled students.

Instructions: This form is to be completed by the student with their parent/guardian at the time of course registration. It must be turned in to the supplemental online course provider on or before the 15th school day after the enrolling district’s term has begun (unless there is an agreement to waive this deadline by the enrolling district and the online course provider).

Section I: To be completed by the parent/guardian 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 1. Information to be completed by the Student and Parent or Guardian

Student

Name (Last, First, M.I.): _____ Date of Birth: _____ Current Grade Level: _____
 E-mail: _____ Mobile phone: _____ Alternate phone: _____
 Address: _____ City, State ZIP code: _____

Parent 1/Guardian

Name (Last, First, M.I.): _____ Mobile phone: _____ Alternate phone: _____
 Address (if different): _____ City, State ZIP code: _____
 E-mail: _____ Contact preference: ___ Phone call ___ Text ___ Email

Parent 2/Guardian 2

Name (Last, First, M.I.): _____ Mobile phone: _____ Alternate phone: _____
 Address (if different): _____ City, State ZIP code: _____
 E-mail: _____ Contact preference: ___ Phone call ___ Text ___ Email

Online Course(s) Registration Request

Enrolling School: _____ Met with (name): _____ Date: _____
 Term: _____ Date submitted: _____ More than 50% of schedule? ___ Yes ___ No

Online course name	Replaces local course name
1.	1.
2.	2.
3.	3.

I have discussed supplemental online course enrollment with my enrolling school representative indicated above. I have reviewed the online course(s) registration request and understand the expectations of enrolling in supplemental online courses.

Student Signature (required): _____ Date: _____

Parent/guardian signature required for students under 18 years old.

Parent/guardian Signature: _____ Print name and relationship: _____

SECTION II: Supplemental Course Registration to be completed by the supplemental online course provider.

Program Name: _____ Phone Number: _____ Fax Number: _____

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

Online Learning Program Mailing Address: _____ City, State, ZIP code: _____

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

Enrolling school Phone Number: _____ Enrolling School Fax Number: _____

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 Number: _____

Online Courses (courses may not exceed 50 percent of student's full schedule unless agreed to)	Credit Recovery	Start Date	Sem./Tri./Qtr.	Credits	Proposed completion date	*Meets enrolling district's graduation requirements. Please Enter X and initial.
1.	1.	1.	1.	1.	1.	1.
2.	2.	2.	2.	2.	2.	2.
3.	3.	3.	3.	3.	3.	3.
4.	4.	4.	4.	4.	4.	4.
5.	5.	5.	5.	5.	5.	5.
6.	6.	6.	6.	6.	6.	6.

To be completed by the enrolling district:

Enter X for 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.

This is a private, non-resident or homeschool student and will pay tuition for which they will be billed.

This is an extended time course to support students who at risk for not grade progressing in the enrolling district and will be funded based on Minnesota Statutes, section 124D.68.

Enter X or check all that apply:

Enrolling district waives the 15 day deadline for enrollment.

Enrolling district waives 50% online learning credit limit.

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 Number: _____

The student is receiving ELL services.

The student qualifies as homeless/highly mobile.

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.

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