

**PLEASE READ THIS FIRST BEFORE FILLING OUT ANY INFORMATION**

Thank you for your interest in enrolling as a 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: [mtnvs.org/virtual](https://mtnvs.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 [mtnvsadmissions@emailmtnvs.org](mailto:mtnvsadmissions@emailmtnvs.org)

Questions? Contact MNVS Admissions at 612-746-7977

Email: [mtnvsadmissions@emailmtnvs.org](mailto:mtnvsadmissions@emailmtnvs.org) and/or [llorentz@emailmtnvs.org](mailto:llorentz@emailmtnvs.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.**

**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.*



# ENROLLMENT FORM

## 2020-2021 School Year | Part-Time Student

**Student's Legal Name** \_\_\_\_\_  
(Last name) (First name) (Middle name) required Preferred First Name

**Birth date** \_\_\_\_/\_\_\_\_/\_\_\_\_ **Sex** \_\_\_\_\_ **Grade for school year 2020-2021** \_\_\_\_\_

**Ethnic Background** \_\_\_\_\_ Native American \_\_\_\_\_ Asian \_\_\_\_\_ Hispanic \_\_\_\_\_ Black \_\_\_\_\_ Native Hawaiian/Pacific Islander \_\_\_\_\_ White

**Student Address (Street)** \_\_\_\_\_ **(City/State)** \_\_\_\_\_ **(Zip Code)** \_\_\_\_\_

**Student Email:** \_\_\_\_\_ **Student Phone:** \_\_\_\_\_

**Does student currently have an Individualized Education Plan (IEP)?** \_\_\_\_\_ If Yes, please include a copy.

**Does student currently have a 504 Accommodation Plan?** \_\_\_\_\_ If Yes, please include a copy.

**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** \_\_\_\_\_ **Sex** \_\_\_\_\_  
(Last name) (First name) (Middle initial)

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

**Primary Phone ( )** \_\_\_\_\_ **Legal Guardian #1 Email** \_\_\_\_\_

**Legal Guardian #2** \_\_\_\_\_ **Gender** \_\_\_\_\_  
(Last name) (First name) (Middle initial)

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

**Primary Phone ( )** \_\_\_\_\_ **Legal Guardian #2 Email** \_\_\_\_\_

### CONSENT AND ACKNOWLEDGEMENTS

\_\_\_\_\_  
Legal Guardian Initial 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 Initial 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 Initial I understand MNVS only provides semester credit classes, no partial credits.

\_\_\_\_\_  
Legal Guardian Initial **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.**

\_\_\_\_\_  
Legal Guardian Initial 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.

\_\_\_\_\_  
Legal Guardian Initial 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 Initial 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 Initial 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.*

**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: _____			

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

***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.**