

Virtual Course Request for Auburndale Middle/High School

Student Name: _____

Current Grade: _____

My child, _____, has my permission to take an online course. I understand that this is an alternative instructional delivery method that involves self-motivation and personal responsibility on my child's part. I agree to fulfill and to take responsibility for my child when the course requires either online or offsite learning experiences which may be held outside of the regular school day (as specified in the course description). I further acknowledge that both my child and I understand and will fulfill the obligations of the Auburndale School District's Internet & Technology Acceptable Use Policies.

Students are expected to attend and participate in their online courses as fully as they would attend in a traditional classroom course. Students must agree to the following guidelines to be eligible for participation in an online course. **The contract must be completed with payment before the course can start.**

1. I will make a commitment to log in and work in my online class at least 5 hours throughout the week or as often as I need to remain on schedule.
2. I am responsible for making up all work that I have missed if I am absent from school.
3. I will follow Auburndale's Acceptable Use Policy that sets guidelines for Internet and email use.
4. I will NOT use any other student's login or password.
5. I will try to be as clear as possible and use courteous language when I communicate with my teachers and online classmates.
6. I will abide by the rules of both my online and local teachers and the person who is in charge of the room I work in (library, study hall, etc).
7. I will notify the online and local instructors with any problems that I have with the class or computer.
8. I will make sure to keep in contact with the online and local teachers at least once a week and to ask questions as they come up.
9. I make a commitment to complete this course by the end of the semester in which it is assigned.

Name of Course Requested: _____

Indicate the semester and academic year of the request:

___ Semester 1

___ Semester 2

School Year: _____

Purpose for class:

___ Credit Recovery - \$50 - Reason: _____

___ In place of other Auburndale School course - \$50 - Reason: _____

___ Enrichment/Credit Acceleration - \$100 - Reason: _____

___ Scheduling Conflict - No Cost - Counselor Signature: _____

Student Signature

Date

Parent Signature

Date

TEACHER RECOMMENDATION:

Consulting teacher must know the student and have taught the student in the subject area of the online course.

Name of Teacher consulted: _____

___ Student has explained why he/she feels the online learning environment will be better.

I agree / disagree (Circle One) with this online course request because:

_____.

Staff Signature

Date

TO BE COMPLETED BY SCHOOL PRINCIPAL ONLY

___ Request Approved

___ Request NOT Approved - Reason: _____

Principal Signature

Date