## Southwest R-1 School District Request to Enroll in MOCAP Course(s)

The student or parent/guardian should complete this form and submit it with class enrollment materials.
Name of Student Current Age of Student
Requested Semester of Enrollment (Spring or Fall) Year
Name of Online Course Provider
$\Box$ I have read Board Policy and have had the opportunity to have all questions answered by the district regarding
its content.
Date
Student Signature
Date
Parent/Guardian Signature
For office use only:
Check all that apply:
$\square$ Request was received within the open enrollment period by the registration deadline.
$\square$ Student has proof of residency within the Southwest R-1 School District.
$\square$ Student is enrolled in the Southwest R-1 School District on a full-time basis.
$\square$ Course provider has been approved by MOCAP.
$\square$ Student has attended a public school or charter school for at least one semester immediately prior to enrolling in a virtual course.
$\square$ Course(s) requested does not cause the student to exceed full-time enrollment in the district.
$\square$ Student has the Internet access needed to complete the virtual course(s).

<sup>\*</sup>Student must meet all requirements to be considered for approval of a virtual course.

Course(s) Approved for Enrollment	
Course(s) Declined for Enrollment	
Reason(s) for Denying Enrollment	
$\square$ Student has shown an inability to work independ	ently.
$\square$ Student does not demonstrate competency in op	erating technology necessary for course completion
$\square$ Student has not shown success in previous virtua	l courses enrolled in.
$\square$ Other reason(s) enrollment is not in the best edu	cational interest of the student:
Signature of Superintendent	<del></del>
Date	
Date student and/or parent/guardian notified of vir	tual course request determination