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

❏ 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:

☐ Request was received within the open enrollment period by the registration deadline.

☐ Student has proof of residency within the Southwest R-1 School District.

☐ Student is enrolled in the Southwest R-1 School District on a full-time basis.

☐ Course provider has been approved by MOCAP.

☐ Student has attended a public school or charter school for at least one semester immediately prior to enrolling in a virtual course.

☐ Course(s) requested does not cause the student to exceed full-time enrollment in the district.

☐ Student has the Internet access needed to complete the virtual course(s).

*Student must meet all requirements to be considered for approval of a virtual course.
**Course(s) Approved for Enrollment**

<table>
<thead>
<tr>
<th>Course 1</th>
<th>Course 2</th>
<th>Course 3</th>
</tr>
</thead>
</table>

**Course(s) Declined for Enrollment**

<table>
<thead>
<tr>
<th>Course 1</th>
<th>Course 2</th>
<th>Course 3</th>
</tr>
</thead>
</table>

**Reason(s) for Denying Enrollment**

- ☐ Student has shown an inability to work independently.
- ☐ Student does not demonstrate competency in operating technology necessary for course completion.
- ☐ Student has not shown success in previous virtual courses enrolled in.
- ☐ Other reason(s) enrollment is not in the best educational interest of the student:
  - ____________________________________________________________________________________
  - ____________________________________________________________________________________
  - ____________________________________________________________________________________

Signature of Superintendent _____________________________________________________________

Date_________________________

Date student and/or parent/guardian notified of virtual course request determination. __________