

# Rochester Community Schools Agreement for Technology-Enhanced Learning Courses

Student Name: \_\_\_\_\_ Student Number: \_\_\_\_\_

Birth date: \_\_\_\_\_ School Attending: \_\_\_\_\_

Student Email: \_\_\_\_\_

Date of Application: \_\_\_\_\_ Semester and Year Course is to be Taken: \_\_\_\_\_

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**Complete the following option that applies to the course you wish to take:**

**Online Learning Class:**

Course Name: \_\_\_\_\_

Credit Value: \_\_\_\_\_ Content Provider: \_\_\_\_\_

**Video-Based Learning Class:**

Course Name: \_\_\_\_\_

Credit Value: \_\_\_\_\_

**Check boxes below after each of these required steps are completed:**

- I understand and acknowledge the policy and all stated expectations as set forth in this handbook.
- I have agreed to and signed the *District Technology Acceptable Use Agreement*.
- I have taken the self-assessment to determine whether it is in my best interest to participate in a technology-enhanced learning course.
- I have met with my counselor to review all scheduling requirements and grading/credit options.

**Read and sign below:**

I agree to abide by the district guidelines and expectations of student conduct as stated in the Handbook and will be committed to my learning while enrolled in this course.

\_\_\_\_\_  
*Student Signature* \_\_\_\_\_  
*Date*

I have read and understand the stated expectations and guidelines that apply for my child and agree to support them.

\_\_\_\_\_  
*Parent Signature* \_\_\_\_\_  
*Date*

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**For Office Use:**

I have reviewed and agree with this student's request to participate in this Technology-Enhanced Learning course.

\_\_\_\_\_  
*Counselor Signature* \_\_\_\_\_  
*Date* \_\_\_\_\_  
*Student UIC Number*

I authorize this student's request to participate in this Technology-Enhanced Learning course.

\_\_\_\_\_  
*Principal/Designee Signature* \_\_\_\_\_  
*Date*