



501 W. University • Rochester, Michigan 48307

Online Course Student Application

A new addition to the State School Aid Act states that a student may now enroll in up to two online courses per semester. The total number of online and traditional classes may not exceed six per semester. In order to enroll in an online course, students are required to fill out this application, successfully pass the Student Self-Assessment for Online Courses (located on the district website – click on Curriculum tab, scroll down to Files & Folders, and click on Online Learning Option) and have consent from their parent or legal guardian. Additionally, applicants must be accepted into this program by meeting all of the district eligibility requirements.

Student name: _____ **Grade in 2017/18:** _____

Address: _____ **City:** _____ **Zip Code:** _____

Phone Number(s): _____

Email Address: _____

School: _____ **Student ID:** _____

Online Course Desired	Department	Course to Forfeit

Current GPA (students entering 10 – 12): _____ **IEP:** Yes (if yes, please attach) No

504: Yes (if yes, please attach) No

Reason(s) for taking an online course: Learning Style Course not offered Personal Interest

Other: _____

Please place a check if you have the following:

Working Computer High Speed Internet Personal/Dependable Vehicle

Previous online learning experiences: _____

Computer skills/accessibility: Please complete the online learning readiness assessment, print it and attach it to this application and indicate your score here: _____

Your signature below indicates that you have read and have provided factual information in this application. If accepted, you also agree to follow all the rules of the Rochester Virtual School and acknowledge that student remains subject to the RCS' academic requirements, Student Code of Conduct, Board policies, and any rules or procedures relating to the online course, the teacher and /or mentor, and the particular school where the course is offered.

Student Signature: _____ **Date:** _____

Parent/Guardian signature: _____ **Date:** _____

This form must be returned to the guidance office with your scheduling card, no later than **April 1, 2017**. You will be contacted prior to the end of the school year regarding this application.