Request to Enroll in Virtual Course(s) Through MOCAP

Student or Parent/Guardian: Please complete this side and then submit it to your counselor with class enrollment materials.

Name of Student: _____   Date Submitted: _____

Semester: _____   _____

	Name of Online Course	# Credits	Name of Online Course Provider
1			
2			
3			
4			
5			
6			
7			
8			

*Parent/guardian/student: Check the MOCAP website for a list of vendors and courses available: https://mocap.mo.gov

Parent/student **please initial ALL of the following to indicate that you have read and understand them**:

_____I understand that the Centralia R-VI School District is not required to provide access to computers, Internet, or other necessary technology resources to students choosing to take a MOCAP course;

_____I understand that the Centralia R-VI School District is not required to provide a supervised location for students taking a MOCAP course to work on their course during the school day;

_____I understand that in order to be successful in an online course, a student must have good computer skills, time-management skills, persistence, and good written communication skills;

_____I understand that all MOCAP courses follow the same school calendar as in-seat courses. Students enrolled in MOCAP courses are expected to complete all course requirements by the end of the semester as stated on the Board-approved district calendar;

_____I understand that students who enroll in MOCAP courses are expected to actively participate in those courses with the goal of completing each course. If a student does not actively participate in a course or is not successful in a course, the district may remove the student from the MOCAP course and refuse to enroll the student in a MOCAP course in the future;

_____I understand that if I take a MOCAP course, the virtual provider, not the Centralia R-VI School District, will monitor and provide accommodations specified in my student's IEP or 504 plan and/or ELL support;

_____I understand that I am responsible for understanding how my educational choices, including my decision to take a MOCAP course, may impact my student's MSHSAA or NCAA eligibility.

Counselors please complete the following:

Counselor Name:_____

_____Student has attended a public school or charter school for at least one full semester immediately prior to the request. School name:_____

_____Student resides within the district boundaries and is enrolled as a full-time student in the district;

_____Course prerequisite courses have been successfully completed;

_____Course request meets Centralia R-VI School District graduation requirements;

_____Student is not carrying maximum academic load for the semester requested (i.e., this course would not be beyond the normal full load);

_____(**If applicable**) Student has demonstrated success in previous online courses.

Additional Information:

1. If the course is offered onsite by the district, are there extenuating circumstances that make it difficult or impossible for the student to take the onsite course offered by the district?

2. If the course is offered onsite by the district and the student is able to take that course, what are the reasons the student wants to take the course through MOCAP?

3. If the course is offered online by the district and the student is able to take that course, what are the reasons the student wants to take the course through MOCAP?

Counselors:
- If ALL of the above ARE checked, then...
    - Work with the building administration to confirm eligibility requirements are met and that MOCAP enrollment is in the best interest of the student
- If enrollment is deemed to be in the student's best interest, then...
- Work with the MOSIS Coordinator to ensure the student is correctly enrolled in MOCAP courses
    - If ONE or more items are NOT checked, OR if enrollment is deemed NOT in the student's best interest, then...
- Send the completed form to the Superintendent