

Online Learning Agreement

Semester: 2 School Year: 2023-2024

The purpose of this agreement is to acknowledge acceptance of the identified roles and responsibilities for students and parents that request to enroll in online courses under Section 21f of the State School Aid Act.

Student Name (Printed) _____ Grade _____

Best way to reach me is- Student Phone _____ Email _____

Parent/Guardian Name (Printed) _____

Best way to reach me is- Parent Phone _____ Email _____

100% Virtual Students Must Enroll in the Virtual Program by: December 15, 2023

MVU AP Only Drop Deadline: January 24, 2024

MVU Regular Drop Deadline: January 31, 2024

Course Name _____

Course Name _____

Course Name _____

Course Name _____

Course Name _____

Course Name _____

Student Responsibilities (student must initial each line below)

_____ I agree to maintain a study schedule and spend at least five hours a week on each online course.

_____ I agree to keep up with assignments, tests, and quizzes.

_____ I agree to communicate with my instructor regularly and whenever I have a problem.

_____ I agree to communicate with a mentor ***a minimum of once per week and that I will be reported as truant if I fail to do so.***

_____ I understand that, if I am not successful with my virtual classes, it is likely that I will not be allowed to continue with virtual classes in the future.

Parent Responsibilities (parent must initial each line below)

_____ I agree to support my student's success in online learning by:

- Setting up a study space
- Monitoring his/her progress
- Helping maintain his/her study schedule

_____ I will ensure that my child has access to the internet at home. If, for any reason or any length of time, we lose our internet service, I will contact the school immediately to discuss the situation and available options.

_____ I understand that my child must communicate with a mentor ***a minimum of once per week and that he/she will be reported as truant if he/she fails to do so.***

_____ I understand that, if my child is not successful with virtual classes, it is likely that he/she will not be allowed to continue with virtual classes in the future.

We acknowledge that we have reviewed this agreement together and understand our responsibilities.

Student Signature _____ Date _____

Parent Signature _____ Date _____

If the school calendar impacts enrollment or drop dates, your counselor will let you know via email.