

School District of Ashland Online Learning Option Enrollment Form

Student Name: _____ Male/Female
(First Name) (M.I.) (Last Name) (Circle one)

Date of Birth _____ Last Grade Completed _____ Projected Graduation Class of _____

Parent/Guardian Name(s) _____

Parent/Guardian Address: _____ City: _____ Zip: _____

Parent/Guardian Phone Contact: _____

Home Phone Number: _____ Cell Phone: _____

Parent/Guardian E-mail: _____ Student E-mail: _____

Please check which online option the student will be participating in:

- Full time resident of the School District of Ashland.
- Part time resident of the School District of Ashland.
- Home schooled resident of the School District of Ashland.
- Full time not a resident of the School of Ashland, open enrollment in.
- Part time not a resident of the School of Ashland, open enrollment in.

IMPORTANT NOTES:

- 1) Full-time Online Learning Option and YOU ARE NOT A RESIDENT of the School District of Ashland:
Families must apply for Full-time open enrollment at the State of Wisconsin DPI website: <http://www.dpi.wi.gov/sms/psctoc.html>
Students must take online courses on site in Ashland.
- 2) Part-time Online Learning Option and YOU ARE NOT A RESIDENT of the School District of Ashland:
Families must apply for Part-time open enrollment with the State of Wisconsin: <http://www.dpi.wi.gov/sms/partime.html>
Students may take 2 courses at one time.
- 3) Home school Students and YOU ARE A RESIDENT of the School District of Ashland:
Families must register with the School District of Ashland any time prior to the start of the school year. Students may take up to two courses per semester.

Current School Status

1. Are you currently a resident of the School District of Ashland? Yes No
If not, have you filed for **Part-time** or **Full-time** – Open Enrollment? Yes No – see notes 1 & 2
2. Are you currently enrolled in a School District of Ashland school? Yes No
If not currently enrolled – Please complete the following as they apply.
- I currently attend a private school. School name is _____
 - I am currently enrolled in a school outside the School District of Ashland; please indicate the name and address of the school. _____
 - If you are not currently enrolled in school, please indicate the last school that you attended and the approximate date last attended.
 - School _____ Date _____
 - Have you been home schooled? Yes No

If you have been home schooled you will need to provide us with materials that you have completed to verify coursework to issue credit on a transcript if you intent to receive a diploma from the School District of Ashland.

3. Does the student have an IEP? Yes No If yes, please identify the Case Manager
Name _____ Phone _____ Email _____

4. Do you have the necessary technical resources needed to take an online course? Yes No

5. Have you ever taken an on-line course? Yes No

6. Have you attended another on-line school? Yes No
If yes, please name the school and reason for leaving: _____

Use the following link to find the Wisconsin Virtual School course(s) list: <http://www.wisconsinvirtualschool.org/>

Requested Course(s) _____

I agree to adhere to all School District of Ashland rules and acceptable use policies. I agree to abide by all Wisconsin Virtual School (WVS) policies. I will maintain personal integrity in completing my own work on pace with the class I am taking. I am aware that attendance and truancy applies to virtual classes. I have access to computer with minimum computer requirements.

Student Signature _____

I give my student, named above, permission to take an online class from the Virtual High School (VHS) and School District of Ashland for the 2014-2015 school year. **I understand that if my student does not make adequate progress during the first two weeks he/she will automatically be dropped from the virtual class.** Materials are the property of the School District of Ashland and must be returned. Responsibility for damage to materials will be that of the parent/guardian.

Parent/Guardian Signature _____

The student, named above, has permission to take the courses listed above for credit from School District of Ashland.

Ashland High/Middle School Guidance Counselor _____

Ashland High/Middle School Principal _____

"The School District of Ashland does not discriminate on the basis of sex, race, color, national origin, ancestry, creed, pregnancy, marital or parental status, sexual orientation or physical, mental, emotional or learning disability."

For Office Use Only:	Date	Date	Date Course	LEG
Received: _____	Registered: _____	Completed: _____	Assigned: _____	_____

Return this form to the appropriate 2014-2015 school year Ashland Middle or High School Guidance Office.