

INSTRUCTIONS: The online learning supplemental notice of student registration is used to register for a supplemental online learning course from an approved public school online learning provider. Supplemental online learning means an online course taken in place of a course period during the regular school day at a local district.

SUBMIT the completed form to the online learning provider listed in section II. One form per student per term is required. This form can be printed and completed by hand or by completing the applicable form fields. **Electronic completion:** Save this form to your computer using a different name, complete the applicable information, print and sign the application and submit.

Section I: To be completed by the parents and student after they have had initial meetings with the enrolling district and online learning provider. Please sign only after you have reviewed the online course and program and understand the expectations of enrolling in online learning.

Section II: To be completed by the online learning provider and enrolling district online contact person. Each school should keep a copy of this form when all signatures have been secured. The enrolling district has 15 days to review the attached course syllabus and sign and submit the form to the online learning provider.

SECTION I: IDENTIFICATION INFORMATION TO BE COMPLETED BY THE STUDENT AND PARENT OR GUARDIAN

Student Name (Last, First, M.I.): _____		Date of Birth: _____		Gender: _____	
Student's e-mail: _____		Student's home phone: _____		Student's cell phone: _____	
Address: _____		City, State Zip code: _____		Current Grade Level: _____	
Enrolling School: _____		Student MARSS Number: _____		Last Grade Completed: _____	

Parent 1/Guardian Name (Last, First, M.I.): _____		Home phone: _____		Parent 1 work phone: _____	
Parent 1/Guardian Address: _____		City, State, Zip Code: _____			
Parent 1/Guardian's E-mail (if different from student): _____		Parent 1 cell phone: _____			
Parent 2/Guardian Name (Last, First, M.I.): _____		Home phone: _____		Parent 2 work phone: _____	
Parent 2/Guardian Address: _____		City, State, Zip Code: _____			
Parent 2/Guardian's E-mail (if different from student): _____		Parent 2 cell phone: _____			

Student reason for enrolling in online learning	Type(s) of internet connection you will be using to access your course
<p>Enter X or check one of the following:</p> <input type="checkbox"/> Course not offered at school <input type="checkbox"/> Schedule conflict <input type="checkbox"/> Enrichment / Advanced learning opportunity <input type="checkbox"/> Credit recovery If so, is the course(s) being taken in addition to a full-time schedule? Yes or No: _____ <input type="checkbox"/> Other: _____	<p>Enter X or check one of the following:</p> <input type="checkbox"/> Dial-up modem <input type="checkbox"/> Cable/DSL <input type="checkbox"/> High Speed Home Connection <input type="checkbox"/> High Speed School Connection <input type="checkbox"/> No internet access – I plan to participate in this course at: _____

I have discussed enrollment in online learning with my enrolling school representative and the online learning program representative.

I have reviewed the online course(s) and program listed on page 2 and understand the expectations of enrolling in online learning

Student Signature (required): _____ Date: _____

Parent's signature required for students under 18 years old.

Parent Signature: _____ Print name and relationship: _____

SECTION II: OLL PROGRAM PLAN

TO BE COMPLETED BY OLL PROGRAM PROVIDER AND ENROLLING SCHOOL CONTACT PERSON Online Learning (OLL)

Program: STARRS Online Academy Telephone: 507-825-5858 Fax: 507-831-6939
 Online Learning Program Coordinator: Stephanie Strenge E-mail address: stephanie.strenge@swwc.org
 Online Learning Program Mailing Address: 1454 6th Ave., PO Box 265 City, State, Zip Code: Windom, MN 56101
 Enrolling School: _____ District Number: _____ District Type: _____ School Number: _____
 Telephone: _____ Fax: _____
 Enrolling School Contact Person or Counselor: _____ E-mail address: _____
 Enrolling School Mailing Address: _____ City, State, Zip Code: _____
OLL proposed plan for _____ Student name: _____ Student MARSS # _____

OLL Courses (courses may not exceed 50 percent of student's full schedule)	Credit Recovery	Start Date	Sem/Tri/Qtr.	Credits	Proposed completion date	*Meets enrolling district's graduation requirements. Please Enter X and initial

To be completed by the enrolling district:
Enter X or check one of the following:
 This coursework will substitute for other course work in the enrolling district and will be funded by the normal funding formula for online learning.
 This coursework will substitute for other course work in the enrolling district and will be funded by a contractual agreement with the enrolling district.
 This coursework is being taken in addition to the regular district course work and the tuition will be paid by the student.
 I am a private or homeschool student and will pay tuition for which I will be billed

Enter X or check one of the following:
 Accepts credits based on MN Statue 124D.095
 Enrolling district waives 50% online learning credit limit
 A separate agreement has been made for exceeding 50% registration limit between the OLL provider and the enrolling district.

Enter X or check one of the following:
 The student has notified the enrolling district before the midpoint of the current term. Midpoint Date: _____
 The student has NOT notified the enrolling district before the midpoint of the current term, but we have elected to waive this requirement.
 The student has NOT notified our district before the midpoint of the current term, and the student is responsible for the paying of tuition

Enter X or check if it applies:
 The student has an active IEP on file If student has an active IEP please provide the following information:
 Special Education Case Manager Name: _____ E-mail address: _____ Phone: _____
 The student is receiving ELL services

I have shared the online learning course(s) syllabus with the enrolling district contact person.
 Signature of OLL provider contact person: _____
 Print name and title: _____ Date: _____

Please submit to enrolling district contact person
I have reviewed the course syllabus and the course(s) checked meet the enrolling district's graduation requirements.
 Signature of enrolling district online learning contact person: _____
 Print name and title: _____ Date notification received: _____
 Date signed and returned to OLL Provider: _____

Schedule changes may not be made after the midpoint of enrolling district's term unless waived by both schools.

ATTN: Upon completion submit this form to the online learning provider in section II.