



Online Learning Community Enrollment Form

Please return this form to:

Distance Learning Coordinator
SW/WC Online Learning Community
1420 E College Drive
Marshall, MN 56258
Fax (507) 537-6985
desupport@swsc.org

*No information provided on this form
can prohibit enrollment into SW/WC
Online Learning Community

Student Information

Student Name (first, middle, last) _____

Student Email (All course information will be sent here) _____

Address _____

City/State _____ Zip Code _____

Phone (_____) _____ Date of Birth _____

Parent/Guardian Information

Parent/Guardian Name(s) _____

Parent Email _____

Address (if different from student) _____

City/State _____ Zip Code _____

Daytime Phone (_____) _____ Evening Phone (_____) _____

School Information

Current School District _____

School Address (including city/state/zip) _____

Principal Name _____

Principal Phone and Email _____

Guidance Counselor Name _____

Guidance Counselor Phone and Email _____

Last Grade Completed _____

Student MARSS Number _____

Does the student wishing to enroll in an online course currently have an IEP or 504 Plan?

- Yes No

If yes, please indicate accommodations requested:

Please list the online course(s) you are interested in enrolling in:

In 3-5 sentences, briefly explain why you are interested in enrolling in an online course with SW/WC Online Learning Community.

Enrollment Checklist:

- I have read and agree to my school district's Internet Acceptable Use Policy (signing this application acknowledges that you have read the policy)
- I have read and agree to the SW/WC Internet Acceptable Use Policy (signing this application acknowledges that you have read the policy)
- I have met with my school guidance counselor
- The online course I am requesting meets graduation requirements
- I have submitted the OLL Supplemental Notice of Student Registration form

Acknowledgment of Expectations

Please initial each of the following statements:

_____ I understand that I am expected to complete assignments and quizzes on-time

_____ I understand that I need to log into my online course at least once every day during the school week in order to keep up with my coursework

_____ I understand that I must maintain a working email account and update my Moodle profile if it changes during the course

_____ I understand that I have read and must follow SW/WC Online Learning Community policies and procedures

_____ I understand that if I experience internet problems that I am still responsible for completing my work on-time

_____ I understand that SW/WC Online Learning Community may request transcripts, speak with the school's guidance counselor and/or special education team to best meet your academic needs

I have read, understand and agree to the conditions for enrolling and participating in an online course through SW/WC Online Learning Community.

Student Signature

Date

Parent/Guardian Signature
(Required for students under age 18)

Date

To be completed by school guidance counselor:

I have met with _____ regarding taking an online course through SW/WC Online Learning Community. I have ensured that the course they are requesting meets graduation requirements.

School Guidance Counselor Signature

Date