

Excelsior Springs School District

Off-Site Learning Request

Student Name: _____ **Grade:** _____ **DOB:** _____

- Building:**
- Elkhorn Elementary
 - Lewis Elementary
 - Westview Elementary
 - Excelsior Springs Middle School
 - Excelsior Springs High School

Method of Instruction: ESSD Virtual Learning
 MOCAP - Vendor Request _____

Anticipated Start Date: _____ **District Device Needed:** Yes No

Courses Requested:

(High School: 3 credits required to maintain full-time student status)

- | | |
|----------|----------|
| 1) _____ | 4) _____ |
| 2) _____ | 5) _____ |
| 3) _____ | 6) _____ |

I understand that my enrollment and participation in off-site learning through the Excelsior Springs School District is voluntary and will be reviewed at the conclusion of each semester. I understand that in order to remain eligible to participate in MOCAP courses, I must demonstrate success by receiving a passing grade for all of the classes in which I am enl have read Board Policy IGCD and have had the opportunity to have all questions answered by the district regarding its content.

MS/HS Student Signature: _____ **Date:** _____

Parent/Guardian Signature: _____ **Date:** _____

For office use only:

- Date form received _____
- Student has proof of residency within the Excelsior Springs School District.
- Off-Site Learning Coordinator or designee reviewed Methods of Instruction Handbook with parent/guardian (& student when appropriate).
MOCAP Courses Only
Check all that apply:
 - Request was received within the open enrollment period by the registration deadline.
 - Student has proof of residency within the Excelsior Springs School District.

- Student is enrolled in the Excelsior Springs School District on a full-time basis.
 - Course provider has been approved by MOCAP.
 - Student has attended a public school or charter school for at least one semester immediately prior to enrolling in a virtual course.
 - Course(s) requested does not cause the student to exceed full-time enrollment in the district.
 - Student has the Internet access needed to complete the virtual course(s).
- *Student must meet all requirements to be considered for approval of a MOCAP course.

Courses Approved for Enrollment in:

- ESSD Virtual Learning
- MOCAP - Launch (all other vendor requests must go through Central Office, Academic Services)

Earliest Possible Return Date: _____

Additional Information:

Course(s) Declined for Enrollment

Reason(s) for Denying Enrollment

- Student has shown an inability to work independently.
- Student does not demonstrate competency in operating technology necessary for course completion.
- Student has not shown success in previous virtual and/or online courses enrolled in.
- Other reason(s) enrollment is not in the best educational interest of the student: _____

Off-Site Learning Coordinator Signature

Date

Date student and/or parent/guardian notified of off-site learning request determination. _____

*BLDG OFFICE: *Please keep a copy for your records and submit a copy of this completed form to Central Office, Academic Services*