Request to enroll in Virtual Courses Wellington-Napoleon R-IX School District This request must be submitted prior to the start of the upcoming semester.

Name of Student	Current Grade of Student	
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Requested Semester of Enrollment (Spring or Fall) _____ Year _____

Name of virtual course	Course Provider

- □ I have read Board Policy I-160-P and have had the opportunity to have all questions answered by the district regarding its content.
- □ I have read the Virtual Guidelines and understand the expectations.

Student Signature	Date	
Parent/Guardian Signature	Date	

For office use only:

Check all that apply:

- **D** The request was received within the open enrollment period by the registration deadline.
- **G** Student has proof of residency within the Wellington-Napoleon R-IX School District.
- **General Student is enrolled in the Wellington-Napoleon R-IX School District on a full time basis**
- Student has attended the Wellington-Napoleon R-IX School District for at least one semester immediately prior to enrolling in a virtual course, or has previously successfully completed other MoCAP approved courses.
- Course(s) requested does not cause the student to exceed full-time equivalent in the district.
- □ Student has the equipment and internet access needed to complete the virtual course(s).

* Student must meet all requirements to be considered for approval of a virtual course.

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Course(s) Approved for Enrollment

Course(s) Declined for Enrollment

Reason(s) for denying enrolment based on the best education interest of the student:

- **G** 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 courses enrolled in
- □ As outlined in Policy I-160-P, the student's IEP team determined that virtual enrollment was not appropriate to provide the student a free and appropriate public education
- Other reason(s) enrollment is not in the best educational interest of the student:

Signature of Principal	Date
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Date student and/or parent/guardian notified of virtual course request determination