

Request to Enroll in Virtual Course(s) Through MOCAP

Student or Parent/Guardian: Please complete this side and then submit it to your counselor with class enrollment materials.

Name of Student: _____

Date Submitted: _____

Semester for Enrollment: _____

	Name of Online Course	# Credits	Name of Online Course Provider*
1			
2			
3			
4			
5			
6			
7			

*Parent/guardian/student: Check the MOCAP website for a list of vendors and courses available:

<https://mocap.mo.gov>

Parent/student **please initial ALL of the following to indicate that you have read and understand them:**

_____ I understand that the Brunswick School District is not required to provide access to computers, Internet, or other necessary technology resources to students choosing to take a MOCAP course, except for eligible students as required by federal and state law;

_____ I understand that the Brunswick School District is not required to provide a supervised location for students taking a MOCAP course to work on their course during the school day, except for eligible students as required by federal and state law;

_____ I understand that in order to be successful in an online course, a student must have good computer skills, time-management skills, persistence, and good written communication skills;

_____ I understand that all MOCAP courses follow the same school calendar as in-seat courses. Students enrolled in MOCAP courses are expected to complete all course requirements by the end of the semester as stated on the Board-approved district calendar;

_____ I understand MOCAP courses will receive a letter grade, however, they will not be counted toward class rank (valedictorian/ salutatorian);

_____ I understand that students who enroll in MOCAP courses are expected to actively participate in those courses with the goal of completing each course. If a student does not actively participate in a course or is not successful in a course, the district may, in its reasonable discretion, determine that the course(s) is not meeting the student's education needs, remove the student from the MOCAP course and refuse to enroll the student in a MOCAP course in the future;

_____ I understand that I am responsible for understanding how my educational choices, including my decision to take a MOCAP course, may impact my student's MSHSAA or NCAA eligibility.

