



**MNVA**

Minnesota  
Virtual Academy

HOUSTON PUBLIC SCHOOLS

Minnesota Virtual Academy HS  
306 West Elm Street  
Houston, MN 55943

Ph. 1.866.360.0159  
Fx. 1.507.896.3068

## Part-Time(Supplemental) Enrollment Forms Packet

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Please be sure you have completed and signed the forms listed below.

- Release of Student Records
- Part-Time Student Contract (To be completed by both parent and resident school district)
- Enrolling District Waiver (To be completed by both parent and resident school district)
- OLL Supplemental Notice of Student Registration (To be completed if student is enrolling in more than 50% of their classes outside of their resident school district)

Fax or mail the required documents listed in both parts 1 and 2 to MNVA-HS. The fax number for MNVA-HS is 1-507-896-3068. If you are unable to fax, please mail the documents to:

Minnesota Virtual Academy HS  
306 West Elm Street  
Houston, MN 55943

Student's Name:

Student's Home Phone:



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## Release of Student Records

Please accept this document as formal approval for the release of all official school records (including the record of transcripts, testing information, special education, health/immunization, and discipline/expulsion records).

### Student Information

Student's Full Name: \_\_\_\_\_  
first middle last

Student's Date of Birth: \_\_\_\_\_ Student's Social Security Number: \_\_\_\_\_

Student's Legal Address: \_\_\_\_\_  
street apt #

\_\_\_\_\_ city county state zip

Home Phone: (\_\_\_\_) \_\_\_\_\_

### Prior School Information

Name of Prior School: \_\_\_\_\_

School's Address: \_\_\_\_\_  
street

\_\_\_\_\_ city county state zip

School's Phone: (\_\_\_\_) \_\_\_\_\_

Name of Parent or Legal Guardian: \_\_\_\_\_  
first last

Parent/Guardian's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**SCHOOL OFFICIALS ONLY:**

Send student records to: Minnesota Virtual Academy High School  
306 West Elm Street  
Houston, MN 55943

Student's Name:

Student's Home Phone:



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## Part-Time Student Contract

The Minnesota Virtual Academy High School (MNVA-HS) is a means for schools/parents to provide students an opportunity to participate in online learning. Because online learning represents a non-traditional learning experience, there are certain expectations for students enrolling in these courses. This contract is intended to present to students, parents, and the local school districts the standards expected for enrollment in the MNVA-HS program.

All students entering MNVA-HS on a part-time arrangement are enrolled on a 25-day probationary period, wherein the student must make satisfactory progress in his/her course(s). MNVA-HS reserves the right to remove any student from his/her course(s) for not meeting the required minimum expectations within the probationary period.

As a student registering for the MNVA-HS program, I am aware that, in addition to the policies and requirements of my school/district, I am expected to comply with the following standards:

1. The use of the Internet will be appropriately used as outlined in the course materials. Inappropriate use of the Internet will not be tolerated and may result in the loss of the right to participate in the course.
2. Appropriate language and message content is expected at all times. Teachers may retrieve and print student work, comments, and messages at any time.

Students are expected to adhere to the following procedures:

- a. Students must communicate with their online teacher(s) on a regular and consistent basis. Students are expected to communicate with their teachers on a weekly basis.
- b. Students must log into their online course on a regular and consistent basis. Students are expected to work in their classes a minimum of five times per week.
- c. Students must use course material in an authorized and appropriate manner.
- d. Students will be expected to follow other rules specified by their online teacher.

Students who fail to comply with the above conditions are subject to:

**First Offense:** The student will receive an email warning from either his/her online teacher or the MNVA-HS administration. A copy of the email will be sent to the student's parents and the local school.

**Second Offense:** The student will be removed from his/her course(s).

**Severe Misconduct:** The student will be removed from the course without regard to whether this is the first or second offense. MNVA-HS administration alone will make the determination in regard to misconduct.

I have provided my Enrolling District with the MN Dept of Education's OLL Supplemental Notice, notifying them of my request to participate in this online learning program.

I have reviewed the online course or program and understand the expectations of the online learning enrollment.

I have read the policies in the MNVA-HS Part-time Student Handbook and agree to this Student Contract. I also understand that until this contract and the Student Application are received by the Minnesota Virtual Academy High School, the course registration process cannot begin.

Student Name: \_\_\_\_\_

Student Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Course 1: \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_

Course 2: \_\_\_\_\_

Enrolling School Name: \_\_\_\_\_ School Phone: \_\_\_\_\_

Course 3: \_\_\_\_\_

Enrolling School Contact Name & Title: \_\_\_\_\_

School Contact Signature: \_\_\_\_\_ Date: \_\_\_\_\_



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## Enrolling District Waiver

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Minnesota Statute 124D.095 Online Learning Option Act:

Sec. 21 Subd. 4. Online learning parameters. (b)An online learning student may: (1) enroll in supplemental online learning courses during a single school year to a maximum of 50 percent of the student's full schedule of courses per term. A student may exceed the supplemental online learning registration limit if the enrolling district grants permission for supplemental online learning enrollment above the limit, or if an agreement is made between the enrolling district and the online learning provider for instructional services;

Enrolling School: \_\_\_\_\_

District Name: \_\_\_\_\_

District Number: \_\_\_\_\_

Street Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Phone: \_\_\_\_\_

Contact Person: \_\_\_\_\_

Contact's Title: \_\_\_\_\_

The above Enrolling School hereby grants permission for the following student to enroll in supplemental online learning enrollment with the Minnesota Virtual Academy High School (MNVA-HS) above the maximum of 50 percent of the student's full schedule per term for the \_\_\_\_\_ school year:

Name of Student: \_\_\_\_\_

Student Grade: \_\_\_\_\_

Signature of Enrolling School's Contact: \_\_\_\_\_ Date: \_\_\_\_\_

Student's Name:

Student's Home Phone:

	<b>Choice and Innovation</b> 1500 Highway 36 West Roseville, MN 55113-4266	<b>Online Learning (OLL) Supplemental  Notice of Student Registration</b>	<b>ED-02400-04</b>
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**GENERAL INSTRUCTIONS:** The online learning supplemental notice of student registration is used to register for a supplemental online learning course from a certified 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.

**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:

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

Student reason for enrolling in online learning:  <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 <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Other (please provide reason below)	Please indicate what type(s) of internet connection you will be using to access your courses:  <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:
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*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*

<b>Student Signature:</b> (required)	<b>Date:</b>
<b>Parent Signature:</b> (required for students under 18 years old)	<b>Print name and relationship:</b>

SECTION II: OLL PROGRAM PLAN

TO BE COMPLETED BY OLL PROGRAM PROVIDER AND ENROLLING SCHOOL CONTACT PERSON

Online Learning (OLL) Program:	Telephone:
	Fax:
Online Learning Program Coordinator:	E-mail address:
Online Learning Program Mailing Address:	City, State, Zip Code:
Enrolling School:	District 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 MARSS # \_\_\_\_\_  
(student name)

OLL Courses (courses may not exceed 50% of student's full schedule)	Credit Recovery	Start Date	Credits	Proposed completion date	*Meets enrolling district's graduation requirements. Please check & initial
	<input type="checkbox"/>				<input type="checkbox"/>
	<input type="checkbox"/>				<input type="checkbox"/>
	<input type="checkbox"/>				<input type="checkbox"/>
	<input type="checkbox"/>				<input type="checkbox"/>
	<input type="checkbox"/>				<input type="checkbox"/>
	<input type="checkbox"/>				<input type="checkbox"/>

**To be completed by the enrolling district:**

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**

Check one of the following:

- 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.

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

Check if it applies:

- The student has an active IEP on file If checked 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.**