

Part-time Enrollment Directions

Thank you for applying for a part-time enrollment with the Minnesota Virtual Academy (MNVA). Please use this sheet to reference all the forms and information needed to complete the enrollment process. It will walk you through the process of creating an account and completing the required forms.

Before completing the enrollment process, please be aware of the following guidelines restricting part-time enrollment:

1. Students must be enrolled full-time in another Minnesota public school to be eligible for part-time enrollment in MNVA. Students cannot be enrolled in a private school or home school setting and take part-time courses through MNVA.
2. MNVA does not accept private tuition payments from parents or school districts.
3. Courses taken at MNVA must be taken in place of courses in the enrolling school district. MNVA does not offer credit recovery courses.
4. MNVA is responsible for providing the course and the instructor for part-time students. All other responsibilities (special education services, truancy violations, credit assignment on official transcripts, state assessments, etc) fall on the enrolling school district.
5. A list of all course offerings for the current school year is included. The list is broken down by semester availability.
 - For questions specific to credits, work completion, or scheduling, we encourage you to speak with a MNVA School Counselor by calling **866-215-2292**.

Required Part-time Enrollment Forms:

- a. MDE Online Learning Supplemental Notice of Student Registration (OLL) (pages 2 and 3)**
 - Section I should be completed by the student and parent/guardian.
 - Section II should be completed by the Enrolling School contact person (typically the students school counselor or dean at their primary school)
- b. MNVA Part-time student contract (page 4)**
 - Must be signed by the enrolling student, parent/guardian and the Enrolling School contact person (typically the students school counselor or dean at their primary school)
- c. Only students who intend to take more than 50% (3 courses) with MNVA must complete the MNVA Enrolling District Waiver (page 5)**
 - This should be completed by the Enrolling School contact person (typically the students school counselor or dean at their primary school)
 - Section II should be completed by the Enrolling School contact person (typically the students school counselor or dean at their primary school)

Fax:
1-877-554-1090

Scan and email:
mnvafax@k12.com

Mail:
Minnesota Virtual Academy
2300 Corporate Park Dr. Suite 200
Herndon, VA 20171

INSTRUCTIONS: The online learning supplemental notice of student registration is used to register for a supplemental online learning course from an approved 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. This form can be printed and completed by hand or by completing the applicable form fields. **Electronic completion:** Save this form to your computer using a different name, complete the applicable information, print and sign the application and submit.

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: _____	

Parent 1/Guardian Name (Last, First, M.I.): _____		Home phone: _____		Parent 1 work phone: _____	
Parent 1/Guardian Address: _____		City, State, Zip Code: _____			
Parent 1/Guardian's E-mail (if different from student): _____		Parent 1 cell phone: _____			
Parent 2/Guardian Name (Last, First, M.I.): _____		Home phone: _____		Parent 2 work phone: _____	
Parent 2/Guardian Address: _____		City, State, Zip Code: _____			
Parent 2/Guardian's E-mail (if different from student): _____		Parent 2 cell phone: _____			

Student reason for enrolling in online learning	Type(s) of internet connection you will be using to access your course
<p>Enter X or check one of the following:</p> <p><input type="checkbox"/> Course not offered at school</p> <p><input type="checkbox"/> Schedule conflict</p> <p><input type="checkbox"/> Enrichment / Advanced learning opportunity</p> <p><input type="checkbox"/> Credit recovery</p> <p>If so, is the course(s) being taken in addition to a full-time schedule? Yes or No: _____</p> <p><input type="checkbox"/> Other: _____</p>	<p>Enter X or check one of the following:</p> <p><input type="checkbox"/> Dial-up modem</p> <p><input type="checkbox"/> Cable/DSL</p> <p><input type="checkbox"/> High Speed Home Connection</p> <p><input type="checkbox"/> High Speed School Connection</p> <p><input type="checkbox"/> No internet access – I plan to participate in this course at: _____</p>

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.

Student Signature (required): _____ Date: _____

Parent's signature required for students under 18 years old.

Parent Signature: _____ Print name and relationship: _____

SECTION II: OLL PROGRAM PLAN

TO BE COMPLETED BY OLL PROGRAM PROVIDER AND ENROLLING SCHOOL CONTACT PERSON Online Learning (OLL)

Program: Minnesota Virtual Academy Telephone: 507-896-5323 Fax: 507-896-3068
 Online Learning Program Coordinator: Angela Specketer E-mail address: angela.specketer@hps294.us
 Online Learning Program Mailing Address: 306 W Elm Street City, State, Zip Code: Houston, MN 55943
 Enrolling School: _____ District Number: _____ District Type: _____ School 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 name: _____ Student MARSS # _____

OLL Courses (courses may not exceed 50 percent of student's full schedule)	Credit Recovery	Start Date	Sem/Tri/Qtr.	Credits	Proposed completion date	*Meets enrolling district's graduation requirements. Please Enter X and initial

To be completed by the enrolling district:
Enter X or 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

Enter X or check one of the following:
 Accepts credits based on MN Statue 124D.095
 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.

Enter X or 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

Enter X or check if it applies:
 The student has an active IEP on file If student has an active IEP 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.



MNVA

Minnesota
Virtual Academy

HOUSTON PUBLIC SCHOOLS

powered by K¹²

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Fax: 1-877-554-1090
mnva.k12.com

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 enrolling school the standards expected for enrollment in the MNVA-HS program.

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

1. Appropriate language and message content is expected at all times. Teachers may retrieve and print student work, comments, and messages at any time.
2. Students must communicate with their online teacher(s) on a consistent basis.
3. Students are expected to work in their classes a minimum of five times per week, or as needed to complete all required lessons and assignments.
4. Students must use course material in an authorized and appropriate manner.
5. Students will be expected to follow other rules specified by their online teacher.
6. Any schedule change or withdrawal requests must be addressed to the student's enrolling school contact person listed below. MNVA-HS must be notified in writing by the enrolling school of any course changes and/or withdrawals of part-time students.
7. All part-time students must be enrolled in another Minnesota public school to be eligible for supplemental enrollment. If a student withdraws or is removed from their enrolling school MNVA must be notified and will proceed withdrawing the student as well.

For further information regarding MNVA-High School's policies refer to the student handbook on our website, www.mnvahs.org. Students who fail to comply with the above conditions will be reported to their enrolling school.

Upon completion of an online course, credit must be granted to the student by the enrolling school. The credit(s) count towards the graduation and credit requirements at the enrolling district.

I have provided my Enrolling School with the MN Department of Education's OLL Supplemental Notice of Student Registration form, 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 also understand that until this contract, the MN Department of Education's OLL Supplemental Notice of Student Registration form and the Student Application are received by the Minnesota Virtual Academy High School, the course registration process is not complete.

Student Name: _____

Student Signature: _____ **Date:** _____

Course 1: _____

Parent/Guardian Signature: _____

Course 2: _____

Enrolling School Name: _____

Course 3: _____

Enrolling School Contact Name & Title: _____

School Contact Signature: _____ **Date:** _____

Enrolling District Waiver

**Only students who intend to take more than 50% (3 courses) with MNVA should complete this form*

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 Number: _____

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) above the maximum of 50 percent of the student’s full schedule per term for the 20 _____ - 20 _____ school year:

Name of Student: _____ **Student Grade:** _____

Signature of Enrolling School’s Contact: _____ **Date:** _____