

## Supplemental Online Course Registration Form

**Definitions:** A supplemental online course is an online course taken outside of the enrolling district in place of a course at the enrolling district. A K-12 public student may take up to 50% of their scheduled courses from an approved supplemental online course provider or more if the enrolling district and the online course provider agree. The enrolling district may reduce the number of courses they provide proportional to the supplemental online courses being taken. The grades, credits earned, and standards met are applied by the enrolling district to the student’s regular transcript. See Minn. Stat. 124D.094 [2023].

One form per student per term is required. This form may be transcribed and used electronically for course registrations by a supplemental online course provider. All fields must be included. Districts or charter schools offering online courses to their enrolled students are not required to collect this form from their own enrolled students.

**Instructions:** This form is to be completed by the student with their parent/guardian at the time of course registration. It must be turned in to the supplemental online course provider on or before the 15th school day after the enrolling district’s term has begun (unless there is an agreement to waive this deadline by the enrolling district and the online course provider).

**Section I:** To be completed by the parent/guardian 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 1. Information to be completed by the Student and Parent or Guardian

#### Student

Name (Last, First, M.I.): \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Current Grade Level: \_\_\_\_\_  
 E-mail: \_\_\_\_\_ Mobile phone: \_\_\_\_\_ Alternate phone: \_\_\_\_\_  
 Address: \_\_\_\_\_ City, State ZIP code: \_\_\_\_\_

#### Parent 1/Guardian

Name (Last, First, M.I.): \_\_\_\_\_ Mobile phone: \_\_\_\_\_ Alternate phone: \_\_\_\_\_  
 Address (if different): \_\_\_\_\_ City, State ZIP code: \_\_\_\_\_  
 E-mail: \_\_\_\_\_ Contact preference: \_\_\_ Phone call \_\_\_ Text \_\_\_ Email

#### Parent 2/Guardian 2

Name (Last, First, M.I.): \_\_\_\_\_ Mobile phone: \_\_\_\_\_ Alternate phone: \_\_\_\_\_  
 Address (if different): \_\_\_\_\_ City, State ZIP code: \_\_\_\_\_  
 E-mail: \_\_\_\_\_ Contact preference: \_\_\_ Phone call \_\_\_ Text \_\_\_ Email

#### Online Course(s) Registration Request

Enrolling School: \_\_\_\_\_ Met with (name): \_\_\_\_\_ Date: \_\_\_\_\_  
 Term: \_\_\_\_\_ Date submitted: \_\_\_\_\_ More than 50% of schedule? \_\_\_ Yes \_\_\_ No

Online course name	Replaces local course name
1. _____	1. _____
2. _____	2. _____
3. _____	3. _____

I have discussed supplemental online course enrollment with my enrolling school representative indicated above. I have reviewed the online course(s) registration request and understand the expectations of enrolling in supplemental online courses.

Student Signature (required): \_\_\_\_\_ Date: \_\_\_\_\_

**Parent/guardian signature required for students under 18 years old.**

Parent/guardian Signature: \_\_\_\_\_ Print name and relationship: \_\_\_\_\_

**SECTION II: Supplemental Course Registration to be completed by the supplemental online course provider.**

Program Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_ Fax Number: \_\_\_\_\_  
 Online Learning Program Coordinator: \_\_\_\_\_ E-mail address: \_\_\_\_\_  
 Online Learning Program Mailing Address: \_\_\_\_\_ City, State, ZIP code: \_\_\_\_\_  
 Enrolling School: \_\_\_\_\_ District Number: \_\_\_\_\_ District Type: \_\_\_\_\_ Site Number: \_\_\_\_\_  
 Enrolling school Phone Number: \_\_\_\_\_ Enrolling School Fax Number: \_\_\_\_\_  
 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 Number: \_\_\_\_\_

Online Courses (courses may not exceed 50 percent of student's full schedule unless agreed to)	Credit Recovery	Start Date	Sem./Tri./Qtr.	Credits	Proposed completion date	*Meets enrolling district's graduation requirements. Please Enter X and initial.
1.	1.	1.	1.	1.	1.	1.
2.	2.	2.	2.	2.	2.	2.
3.	3.	3.	3.	3.	3.	3.
4.	4.	4.	4.	4.	4.	4.
5.	5.	5.	5.	5.	5.	5.
6.	6.	6.	6.	6.	6.	6.

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

Enter X for 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.
- This is a private, non-resident or homeschool student and will pay tuition for which they will be billed.
- This is an extended time course to support students who at risk for not grade progressing in the enrolling district and will be funded based on Minnesota Statutes, section 124D.68.

Enter X or check all that apply:

- Enrolling district waives the 15 day deadline for enrollment.
- Enrolling district waives 50% online learning credit limit.

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

- The student is receiving ELL services.
- The student qualifies as homeless/highly mobile.

***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.***

**Attention: Upon completion submit this form to the online learning provider in section II.**