Minnesota Department of Education

College and Career Success
1500 Highway 36 West
Roseville, MN 55113-4266

Online Learning Supplemental Notice of Student Registration

ED-02400-05

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. 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:_____

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	**Type(s) of internet connection you will be using to access your course**
Enter X or check one of the following:	**Enter X or check one of the following:**
____Course not offered at school	____Dial-up modem
____Schedule conflict	____Cable/DSL
____Enrichment / Advanced learning opportunity	____High Speed Home Connection
____Credit recovery	____High Speed School Connection
If so, is the course(s) being taken in addition to a full-time schedule? Yes or No:_____	____No internet access – I plan to participate in this course at: _____
____Other:_____	

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:_____ Telephone:_____ Fax::_____

Online Learning Program Coordinator:_____ E-mail address:_____

Online Learning Program Mailing Address:_____ City, State, Zip Code:_____

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.