



21f Online Learning Request & Application

Student Name:		ID#:
Building:	Grade (5-12) / school year when taking online course: Grade: _____ School Year: _____	
Parent Name:	Student IEP? ☐ YES ☐ NO Student 504? ☐ YES ☐ NO	
Address:		
Student E-Mail:	Student Signature:	
Parent E-Mail:	Parent Signature:	
Course Information		
Course #1 Title:	Subject: ☐ Math ☐ ELA ☐ Science ☐ Social Studies ☐ Other: _____	
Course #1 Provider: Michigan Virtual	Semester: ☐ 1 st ☐ 2 nd ☐ Summer (family pays tuition)	
Course #1 meets Michigan Merit Curriculum Graduation Requirement: ☐ YES ☐ NO		
Course #2 Title:	Subject: ☐ Math ☐ ELA ☐ Science ☐ Social Studies ☐ Other: _____	
Course #2 Provider: Michigan Virtual	Semester: ☐ 1 st ☐ 2 nd ☐ Summer (family pays tuition)	
Course #2 meets Michigan Merit Curriculum Graduation Requirement: ☐ YES ☐ NO		
Agreements		
☐ I have read the course syllabus for each course selected and understand that by requesting the course, I may be responsible for paying a portion of the cost of the course including required resources and/or tuition incurred if course is dropped after the refund deadline.		
☐ I am solely responsible for the completion of this course; my score earned in this course will be transferred into a grade and will appear on my transcript (HS course). My failure of any online course prevents me from registering for an online course in the future. Refunds are not provided for incomplete or failed courses.		
☐ I agree to complete an assignment on Count Day (1 st Wednesday in October / 2 nd Wednesday in February).		
☐ I understand that daily in person attendance is required for online courses.		
Student Initials: _____		Parent Initials: _____
This online learning course is: ☐ Approved ☐ Not Approved GHAPS: ☐ will ☐ will not be responsible for tuition.		
Comments: _____ _____		
Counselor Signature:	Date:	
Administrator Signature:	Date:	

