

## Online Learning Agreement

Students have the option of enrolling in online courses. Online courses offer a variety of subjects to high school students taught by certified Michigan teachers. Students must be self-motivated and able to participate online. Assignments, quizzes, tests, and projects vary from class to class. On-site enrollment will be provided by the virtual high school site coordinator. Course information for all virtual courses is available at: <https://micourses.org/>. Please choose the Statewide Catalog for courses students may take. A course percentage will be given by the VHS instructor and converted to a letter grade by the mentor. Once approved, all enrollment is handled through the Student Services office.

Additionally:

- I understand that the mentor is not the teacher of record. The mentor's role is to help trouble shoot issues, arrange for proctored tests and/or exams, report final grades to the registrar, and maintain attendance records as required by the State of Michigan
- I understand **students must check in with their mentor teacher during the state pupil accounting window. The mentor will inform students of these dates.**
- I understand that students need to be independent learners. They will need to follow the course pacing guide, read course documents, use available resources through MiVHS to navigate the course, and engage with their virtual instructor.
- I understand that the request must align with the student's Educational Development Plan (EDP) for grades 8 through 12.
- I understand that students must possess basic knowledge and skills in technology to be successful in an online course.
- I understand **this application will be denied if the student demonstrated failure in a previous online course.**
- I understand that in order for the cost of a student's online course to be covered, the course must be taken as part of their six period schedule.
- I understand that each student will be limited to two (2) online courses as part of their schedule each semester unless they have shown prior success in the online environment.

**NOTE: The student/family is responsible for providing full payment to ELPS for associated fees of a course that is dropped after the reimbursement date. Classes will not be added or dropped after the first week of the semester when the course is taken.**

**Please complete and sign the application and EDP. The application cannot be processed if either of these forms is missing or unsigned.**

# East Lansing Public Schools

Online Learning Application 2024-25 Student Name: \_\_\_\_\_ Grade: \_\_\_\_\_

## *This section to be completed by the student*

### Online Semester 1

Course title from catalog \_\_\_\_\_

Class to drop/preferred hour \_\_\_\_\_

### Online Semester 2

Course title from catalog \_\_\_\_\_

Class to drop/preferred hour \_\_\_\_\_

Student Email: \_\_\_\_\_@stu.elps.us Contact Number: \_\_\_\_\_

Reason you want to take an online class: \_\_\_\_\_

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

## *This section to be completed by the Parent/Guardian*

Parent/Guardian Name: \_\_\_\_\_

I understand that the student/family is responsible for providing full payment to ELPS for associated fees of a course that is dropped after the reimbursement date. Classes will not be added or dropped after the first week of the semester when the course is taken.

I have read the online learning agreement and agree with all statements.

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

## *This section to be completed by the counselor*

Counselor approves the online course(s) for this student.

Counselor cannot support the online course(s) for this student for this reason \_\_\_\_\_

Counselor Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## *This section to be completed by the mentor*

I have met this student

Mentor Signature: \_\_\_\_\_ Date: \_\_\_\_\_

*Office use only*

Administrator Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Enrolled By: \_\_\_\_\_ Date: \_\_\_\_\_

Fees paid by: Consortium \_\_\_\_\_ Family \_\_\_\_\_ Vendor \_\_\_\_\_

# Educational Development Plan

Name: \_\_\_\_\_ Graduation Date: \_\_\_\_\_

Post High School Plans:

Career Goals:

**Four Year Planning Template** – record plans in pencil so that changes may be made

9th Grade	
1st Sem	2nd Sem

10th Grade	
1st Sem	2nd Sem

11th Grade	
1st Sem	2nd Sem

12th Grade	
1st Sem	2nd Sem

Your Educational Development Plan **MUST** include:

English (4)

Math (4)

Social Studies (3)

Science (3)

PE/Health (.5 each)

World Language (2)

Visual/Performing/  
Applied Arts (1)

Electives

**TOTAL CREDITS (22)**