



**REQUEST TO ENROLL IN VIRTUAL COURSES**

*The student or parent/guardian should complete this form for approval prior to each semester of virtual learning requested. High school students will also need to attach a copy of their completed ICAP (Individual Career and Academic Plan) Form.*

**Name of Student:** \_\_\_\_\_ **Student ID** \_\_\_\_\_

**School:** \_\_\_\_\_

**Grade Level:** \_\_\_\_\_

**Requested Date of Enrollment:** \_\_\_\_\_

**Requested Virtual Instruction Vendor\*:**  
\_\_\_\_\_

Virtual Course Title	Semester

*The school will pay for courses up to the equivalent of full enrollment for a student (seven courses). If the student would like to take courses beyond full enrollment, the parent/guardian will be responsible for paying for those courses.*

***\*If virtual instruction is approved, the Hazelwood School District will register students taking coursework with the virtual instruction vendor.***

Student Signature \_\_\_\_\_

Parent Signature \_\_\_\_\_

***Please turn completed form into your building principal who will forward it to the District's Virtual Learning Official.***

FOR OFFICE USE ONLY:

Student enrolled in semester/trimester prior to taking virtual courses? Yes No

**\*\*If "No" is circled, Hazelwood School District will not pay for virtual courses until the student has completed the previous semester/trimester in the district.**

Student GPA \_\_\_\_\_ Number of Credits \_\_\_\_\_

Requested Term: \_\_\_\_\_

Student approved: Yes No

If "No," please provide the reason (must be for educational "good cause").

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Principal's Signature \_\_\_\_\_ Date \_\_\_\_\_

District Virtual Learning Official's Signature \_\_\_\_\_

Date \_\_\_\_\_