

### REQUEST TO ENROLL IN MOCAP 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: \_\_\_\_\_

Counselor Name: \_\_\_\_\_

Counselor Email: \_\_\_\_\_

Requested Semester of Enrollment: \_\_\_\_\_ Fall \_\_\_\_\_ Spring

Requested Virtual Instruction Vendor\*: \_\_\_\_\_  
(Launch is the district's preferred provider)

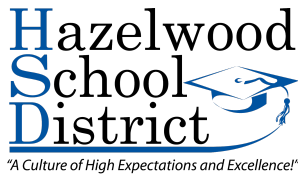
MOCAP Virtual Course Title (Please review courses with your student's counselor)

*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 MOCAP virtual instruction is approved, the Hazelwood School District will register students taking coursework with the virtual instruction vendor. Any additional forms from MOCAP vendors must be submitted by the principal to the District Virtual Learning Office for approval.***

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

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



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

**FOR SCHOOL OFFICE USE ONLY (To be completed by the principal):**

**Was the student enrolled in and did they attend a public school 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 \_\_\_\_\_ (High School Students only)

**Student approved:** Yes      No

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

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

**Once the principal has signed, he or she should submit this form and any other MOCAP vendor forms to the District Virtual Learning Officer for final approval and enrollment with the MOCAP vendor.**

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

Date \_\_\_\_\_