

Student and Parent Online Course Plan

This form is not required. It is provided to assist with online course planning.

Student Information:

Today's Date

First Name:

Expected Graduation Date:

Last Name:

Current total credits enrolled (including online courses):

Does the student require a Section 504 accommodation?

Is the student enrolled in an "IB" Program?

Does the student have an Individual Education Plan (IEP)?

if so, has the IEP Team approved this change to the plan?

Student Desired Course(s):

Course Title:

Course Start Date:

The duration of this course is:

Semester

Full Year

Online Course Provider:

Number of Course Credits:

Course Title:

Course Start Date:

The duration of this course is:

Semester

Full Year

Online Course Provider:

Number of Course Credits:

Will the online course(s) cause the student to exceed the online course credit limit for the Statewide Online Education Program which is 5.0 for school year 2014-15? Yes No

Will the online course(s) cause the student to exceed full enrollment for school year 2014-15? Yes No

Parent or Guardian:

First Name:

Daytime Phone:

Last Name:

Email Address:

Parent / Guardian Signature

Date: