



Virtual Education Student/Parent Agreement 2018-2019

(FOR STUDENTS TAKING 3 OR MORE VIRTUAL COURSES)

Required Attendance

I agree to maintain two-way communication with my assigned mentor teacher on the designated state pupil accounting days. For 2017-18 those dates are **Wednesday, October 3th** and **Wednesday, February 14th**.

If students do not meet the requirements of the program, make adequate progress, and fail to contact their mentor teacher, they will be issued an attendance contract (explained below)

I agree to meet, at a predetermined time and place, **once per week (Wednesday, Thursday, or Friday)** with my assigned mentor teacher. This meeting time and place will be arranged between the assigned mentor teacher and myself upon enrollment.

Other Accommodations (requires coordinator approval): _____

Coordinator's Signature

I understand that failure to abide by these requirements may result in loss of my online privileges and/or payment of my courses.

Actual Attendance may be determined as follows:

1. Through logging in to each course
2. Through two-way communication with the assigned mentor teacher (i.e. meetings, phone conversations, etc.)
3. During required physical attendance dates
4. Following my pacing guide set forth by my mentor teacher

I understand that if I do not abide by the above attendance policy, I am subject to the following process:

Step 1. The mentor teacher will formally contact my parent/legal guardian with concerns via phone, email, and/or written letter.

Step 2. A formal meeting including myself, my assigned mentor teacher, my parent/legal guardian, and the supervisor of the program will be mandated to discuss an action plan. This plan will include a minimum of 12 weekly hours spent physically attending on-site labs.

Step 3. The supervisor of the program will contact my parent/legal guardian and will require a specific number of days to be spent physically attending on-site labs.

Step 4. If I am a minor student, the district will make the necessary referrals to juvenile court system regarding truancy and educational neglect.

Step 5. If I am inactive for 10 consecutive days, my mentor teacher will contact my parent/guardian, contact will also be made to the supervisor, and my classes will be suspended until I have contacted my mentor teacher.

Student Signature: _____ **Date:** _____

Parent Signature: _____ **Date:** _____

Testing

I understand that as a full-time student taking core academic courses, I am required to participate in all appropriate grade-level state assessments. I agree to appear at the designated location when directed to take state testing in order to continue in my seat-time waiver program:

Student Signature: _____ **Date:** _____

Parent Signature: _____ **Date:** _____

Course Completion

All fall course requirements must be completed by the tentative date of **1/18/2019***.

All winter course requirements must be completed by **6/07/2019***.

****These dates are subject to change depending on the school calendar***

Student Signature: _____ **Date:** _____

Parent Signature: _____ **Date:** _____

Final Examination

I understand that final exams for all virtual courses are required to be taken at the resident district.

Student Signature: _____ **Date:** _____

Parent Signature: _____ **Date:** _____

**Dates may be modified at the discretion of the coordinator due to state reporting requirements. In the event of a change, the modification will be noted in this agreement with advanced notification given to the student and assigned mentor teacher.*

Mentor Teacher Contact

I agree to maintain two-way communication with my assigned mentor teacher on a weekly basis throughout my enrollment (*exceptions during winter and spring break only*).

I agree to meet at my predetermined times and dates, either at the resident district or by telephone, **once per week** with my assigned mentor teacher. This arrangement is made between my assigned mentor teacher and me upon my enrollment.

Student Signature: _____ **Date:** _____

Parent Signature: _____ **Date:** _____

Tentative weekly day: _____ **Time:** _____

Technology

On-site labs are available to students during the regularly scheduled school day. If you are not previously scheduled to attend the lab, email your assigned mentor teacher prior to attending to ensure availability and supervision. Students must sign-in at the main office prior to coming to the lab.

I understand that the district/school code of conduct will be met while present on campus. Please visit the school's website for information regarding the Code of Conduct.

In the event that I do not have a computer or access to online services, the district will provide me a computer and broadband internet if I am enrolled in an approved Seat Time Waiver (STW) program (Bond v. Ann Arbor School District, 383 Mich 693, 1973). I understand and agree to abide by the technology user agreement I signed at the time of enrollment. As noted in that user agreement, misuse of our technology will result in loss of access (1 year minimum), with other disciplinary or legal action possible.

Student Signature: _____ **Date:** _____

Parent Signature: _____ **Date:** _____

Athletic Eligibility

Athletic Eligibility/Extracurricular Eligibility (Including clubs, student government, band, drama, or any group representing the school.) All students involved in athletics at Whiteford High School must maintain a cumulative 2.00 G.P.A. and pass at least 5 out of 7 classes* with a B+ (or 83%) to remain eligible for interscholastic athletics. To be eligible for the start of a new marking period, the athlete must have on record that they have passed 5 out of 7 classes from the previous marking period. To be eligible for the start of a new semester, the athlete must have on record that they passed 5 out of 7 classes from the previous semester. Any athlete who is not maintaining a cumulative 2.0 GPA but has at least a 1.6 or higher GPA may be placed on probation by the athletic director (AD) and/or principal. A weekly grade check will be done by the AD.

*If you are only taking 4 classes you must pass all 4 in order for you to be eligible to play or participate in athletics or extracurricular activities.

Student Signature: _____ **Date:** _____

Parent Signature: _____ **Date:** _____

Student and Parent Contact Information

Student Name: _____ Student ID: _____

Mobile Number: _____ Home Number: _____

Student Email: _____

Primary Parent/Legal Guardian Contact

Name: _____

Mobile Phone: _____ Other Phone: _____

Email: _____

Secondary Parent/Legal Guardian Contact

Name: _____

Mobile Phone: _____ Other Phone: _____

Email: _____

Student Schedule

1st Hour: _____

2nd Hour: _____

3rd Hour: _____

4th Hour: _____

5th Hour: _____

6th Hour: _____

7th Hour: _____

Mentor Teacher Contact Information

Lab #: _____ 734-856-1443 x 121 _____

Alt #: _____

Email: vanbrandt@whiteford.k12.mi.us

Lab Hours: M-F 8am to 3pm

Notes

Attached Plan of study (Career Cruising)