

Parent and Student Memorandum of Understanding For Taking an Online Class

Student Name: _____

Student's Email Address (from Ms. McGillvrey): _____ @k12.sd.us

Please Complete Information Below for all Courses Requested:

Name of Course Requested	Taking Course through which provider: circle one	Period of the school day course will be taken (study table time)
	<input type="checkbox"/> DIAL <input type="checkbox"/> SDBOR Dual Credit	
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	<input type="checkbox"/> DIAL <input type="checkbox"/> SDBOR Dual Credit	

I agree to work on my online course at the time scheduled above. This is an independent study course where I am responsible for all the work assigned, including homework, any tests and quizzes, and asking for help if I need it from my online teacher or my mentor (All classes have daily homework lessons to complete). I also understand that it is my responsibility to schedule any tests with my mentor as well as to let the school know when and if there are any technical problems. If I am behind or failing a class I agree to come to the school on 'teacher' Fridays to catch up on my work.

I agree to the financial terms of the class:

DIAL Courses for high school credit: These courses are for high school credit only. A \$250 deposit is required to take the classes but will be returned upon completion of the course with a grade of 'C' or better.

SDBOR Dual Credit Course for dual credit: \$40 per credit hour plus books. The district will pay up to \$250 toward a student's dual credit course. The full cost for textbooks and any transcription fees will be paid by the student/family.

Student Signature: _____ Date: _____

Parent Signature: _____ Date: _____

My mentor for this class will be (consult Mr. Cutshaw): _____

Principal Signature: _____ Date: _____

Date student will begin course: _____ Date by which course must be completed _____