



CHARLESTON R-I SCHOOL DISTRICT

Charleston R-I Central Office, 311 E. Tom Brown Street / P.O. Box 39, Charleston, MO 63834 • Phone: (573) 683-3776 / Fax: (573) 683-2909 • www.charlestonbluejays.org

REQUEST TO ENROLL IN MOCAP VIRTUAL COURSES

The student or parent/guardian must complete this form and submit in accordance with the dates listed below

The following dates are appropriate for consideration for MOCAP courses:

Fall Semester: August 1

Spring Semester: December 1

Summer Semester: April 1

Virtual courses must be requested for each semester you wish to be enrolled in virtual courses.

Name of Student: _____

Requested Semester for Enrollment: **Fall** **Spring** **Summer** Request Date: _____

Name of Online Course	Online Course Provider

Reason for Enrollment Request: _____

(Official Use Only) Date Request was Received by LEA: _____



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MOCAP VIRTUAL COURSE ENROLLMENT DETERMINATION

To: _____ [name of parent/guardian/student]:

_____ [student's name] requested to enroll in one or more virtual courses. We have made the following determinations:

Approved for Enrollment

The student has been approved to enroll in the following virtual courses:

- _____
- _____
- _____
- _____
- _____
- _____
- _____

Virtual courses must be requested for each semester you wish to be enrolled in virtual courses. This approval does not constitute the continued approval for future MOCAP virtual courses.

Name of Superintendent or Designee: _____

Signature of Superintendent or Designee

Date



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MOCAP VIRTUAL COURSE ENROLLMENT DETERMINATION

Date: _____

Dear _____

The district has considered your student, _____, request to enroll in a course within our District Course Access and Virtual Program (MOCAP). In making this decision, the district has considered, among other reasons, your student’s course work, attendance, discipline record, ICAP (if applicable), and the benefits offered by the course.

The District has determined that enrollment in this course/s is not in the best educational interest of your son/daughter. The district’s decision was based on the following factors:

1. _____
2. _____
3. _____

You have the right to appeal this decision to the Superintendent and subsequently at a closed meeting of the Charleston R-I Schools Board of Education. You are encouraged to submit the basis for your appeal along with any documents which you believe support your appeal. You will be given the right to present your position to the Board at the hearing.

The Board will provide you with their written decision within thirty (30) days of the appeal hearing. If you are not satisfied with the Board’s decision, you may appeal to the Commissioner of Education, 205 Jefferson Street, Jefferson City, MO 65101. The Department will render a decision within seven (7) days of receipt of the appeal. The Department’s decision is final.

If the student has an individualized education program (IEP), the IEP team may independently determine a course is inappropriate for the student. In that case, students or parents/guardians must follow the appeal procedure for IEP team decisions.

Sincerely,

Superintendent, Charleston R-I School District