OAKRIDGE PUBLIC SCHOOLS ONLINE LEARNING APPLICATION FORM

Application Information

Student name:	Date:
Date of birth: ___/___/___	Grade (6-12)/school year when taking online course: Grade: _____ School Year: _____
Address:	
Student email:	Student signature:

Course Information

Course #1 Title:	Subject:
Course Provider:	Semester: ☐ 1st ☐ 2nd
Course #2 Title:	Subject:
Course Provider:	Semester: ☐ 1st ☐ 2nd

Reason for Interest in Online Course (check all that apply)

☐ Accelerated learning ☐ Credit recovery ☐ Course not offered at OPS

☐ Long term suspension/expelled ☐ Working student ☐ Social/emotional/family issues

☐ Medical situation ☐ Other ~ please specify _____

Parent Information

Parent name:	Phone:
Parent email:	Parent signature:

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FOR OFFICE USE ONLY

Date received:	Meeting date:
Course #1 approved: ☐ Yes ☐ No	Student enrolled course #1: ☐ Yes ☐ No
Course #2 approved: ☐ Yes ☐ No	Student enrolled course #2: ☐ Yes ☐ No

OPS Online Course Request Cost Worksheet			
Student Name:			
Grade:	Building:		
Semester	1st	2nd	Summer
Course Name:			
Offered By:			
Content Provider:			
Instructor Provider:			
Course Number:		State Max Allowed: $487	
Cost of Course:		Additional Cost:	
Course providers must assign a teacher of Record for each student enrolled in an online class:			
100% Payment Required Up Front:		Course Passed or Completed?	
		Yes	No
Total District Cost:		Parent Cost:	