

**Missoula County Public Schools
Student Application for Distance Learning Course(s)**

Date _____

Student Name _____

Parent Name _____

Student E-mail _____

Parent E-mail _____

Student Home or Cell Phone _____

Parent Home or Cell Phone _____

School _____

Grade in School _____

Check the semester and the school year that you are requesting the E-Learning course(s):

Fall Spring Summer 2015-2016 2016-2017 2017-2018 2018-2019

Please describe *your purpose* in taking a Distance Learning course(s). What are you trying to accomplish?

List ALL courses you are proposing to take this term:

	Onsite	Online		Onsite	Online
1.				5.	
2.				6.	
3.				7.	
4.				8.	

Guidelines for Online Learning Success

Online courses are taken on any computer which has Internet access. Studying can be done at *anytime, anywhere*, 24/7, whatever suits the learning style of each student. Not all students enjoy working alone, however, or have the self-motivation to maintain a steady pace on their own, so online courses might not be a good idea for some students. The survey below will help you decide whether an online course would work for you.

Student, please check YES or NO for each query below:

My Technical Competencies and Access	YES	NO
Taking into consideration my personal use of time, time for my other studies, my work schedule, and my extracurricular activities (including community service), would I be able to devote as much, or more, time to my online class, as I do for my traditional studies; that is, at least 5 hours per week at any time, day or night, Monday through Sunday?		
Am I comfortable using the Internet as a means of communication and research?		
Do I own or have easy, daily access to a computer with Internet access and email?		
I understand how to send and receive email, send and receive email attachments, browse and search the Internet, use word processing programs, upload items, manage files, type reasonably fast and with accuracy and understand the basics of computer applications such as copy, paste and save.		
I am able to learn and apply new software applications with little or no help.		
I have successfully taken online courses in the past.		
I have passed the prerequisite course, if any, for the online course I want to take.		
My Learning Style	YES	NO
I am able to prioritize tasks, manage my time, organize assignments, and complete assigned work within a deadline without supervision.		
I feel great when I independently solve problems and take responsibility for what I learn.		
Are my reading, writing, and communication abilities above average?		
Are my mathematical reasoning, computation skills, and persistence above average?		
I am comfortable working alone on assignments.		
I learn best when I <i>read</i> the material and directions, rather than an instructor lecturing and giving verbal explanations.		
I consider class discussions with my classmates as optional or not important to me.		
If you can answer "YES" to ALL or most of these statements/questions, online learning may be an attractive option for your educational needs. If you answer "NO" to several, you would probably want to resolve or improve in these areas prior to attempting online courses. Many "NO" answers would probably indicate potential difficulties for you in successfully completing an online course. Computer-based learning is not effective for all students, hence this survey to help you make decisions.		

Student Acknowledgement of Agreement

My signature indicates that I have reviewed the distance learning information and *Guidelines for Online Learning Success* and wish to apply to take an online course (or courses). I understand that I may drop a Montana Digital Academy online class within fifteen (15) school days of the beginning of a semester without penalty. Dropping after fifteen (15) school days, will result in a failed grade that will be included on my high school transcript and counted toward my GPA. I realize that dropping an online course may delay my graduation.

Student Signature

Date

Parent Acknowledgement of Agreement

I, _____, know _____ as a learner and feel confident that he/she will be successful in an online learning environment. Further, I will give this student support in his/her online-learning experience. **I am aware that courses taken online are listed on the student's high school transcript and count toward the student's GPA, even if not passed.**

Parent/Guardian Signature

Date

For use by the Distance Learning Guidance Committee only:

Approved

Case Manager: _____

Contact Telephone Number: _____

Contact Email: _____

Not Approved

Reason(s): _____

Date of meeting for appeal: _____

Names of committee members: _____

NOTES: