

STUDENT REGISTRATION/CONTRACT FOR VIRTUAL COURSE

Student's Name: _____ Student's Date of Birth: _____ Student's Cell Number: _____	School Year 20 _____ to 20 _____ District: _____ Grade Level: _____
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Does student have the Internet at home?	Yes	No	Check the box if student has an IEP or 504?	IEP	504
Course _____			.5 credit	1 credit	Fall
				Spring	Full Year
Course _____			.5 credit	1 credit	Fall
				Spring	Full Year
Course _____			.5 credit	1 credit	Fall
				Spring	Full Year
Course _____			.5 credit	1 credit	Fall
				Spring	Full Year
Course _____			.5 credit	1 credit	Fall
				Spring	Full Year

Students may choose to take an virtual course through Cayuga-Onondaga BOCES in order to fulfill a graduation requirement or take a course that is unavailable to them at their home district or within their school schedule. In choosing to take an virtual course, students must understand and agree to abide by the following expectations:

- 1.) Student must adhere to the course outline which includes due dates for all assignments, tests, quizzes, discussions, etc.
- 2.) Student must understand that the format of an virtual course requires a higher level of independence and agree to organize and structure his/her time to meet the course expectations accordingly.
- 3.) Student must agree to reach out to the teacher and/or eLearning Specialist as necessary with any questions or issues he/she may have.
- 4.) Student must understand that he/she will need to meet with the eLearning Specialist periodically throughout the course.
- 5.) Student will not commit plagiarism at any time. All borrowed text, photographs, and intellectual property must be cited. Student will not copy and paste another person's text, photographs, or intellectual property.
- 6.) Student must understand that he/she is obligated to fulfill all requirements for the course and the request to drop an virtual course is strictly determined by the student's school administration.

Please note: The final grade you receive will appear on your transcript.

Student Signature _____	_____
	<i>Date</i>
Parent/Guardian Signature _____	_____
	<i>Date</i>
School Counselor Signature _____	_____
	<i>Date</i>
Principal Signature _____	_____
	<i>Date</i>

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