



STUDENT REGISTRATION/CONTRACT FOR VIRTUAL COURSE

Student's Name: _____ Summer Year 20 _____

Student's Date of Birth: _____ District: _____

Student's Cell Number: _____ Grade Level: _____

Does student have the Internet at home? Yes No Check the box if student has an IEP or 504? IEP 504

Course _____ Summer

Course _____ Summer

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 _____ Date _____

Parent/Guardian Signature _____ Date _____

School Counselor Signature _____ Date _____

Principal Signature _____ Date _____