

Mason Public Schools

Online Learning Agreement

The purpose of this agreement is to acknowledge acceptance of the identified roles and responsibilities for students and parents that request to enroll in online courses under Section 21F of the State School Aid Act.

Student Name _____

Parent/Guardian Name _____

STUDENT RESPONSIBILITIES

- I acknowledge that this class will calculate into my GPA (9-12) and serve as my final course grade (K-12).
- I agree to maintain a study schedule and spend at least _____ hours a week on each online course.
- I agree to keep up with assignments, tests and quizzes.
- I agree to communicate regularly with my instructor and/or mentor whenever I have a problem.

STUDENTS WITH WORK FROM HOME PRIVILEGES (HIGH SCHOOL ONLY)

- I acknowledge that I must log in and complete at least one activity in each online course on count day. Failure to do so will result in an increase in required progress checks with school staff and may compromise my approval for future online enrollment.

PARENT RESPONSIBILITIES

- I acknowledge that this class will calculate into my child's GPA (HS) and as a final course grade K-12).
- I agree to support my student's success in online learning by:
 - a. Setting up a study space.
 - b. Monitoring his/her progress.
 - c. Helping maintain his/her study schedule.
 - d. Encouraging communication with the mentor/instructor whenever a question or a problem arises.

COMPUTER ACCESS- To be completed by student and parent

Online learning requires regular, consistent access to a computer with internet access. Please check all that apply:

- The student has access to a computer with Internet connection at home.
- The student can arrange to have regular access to a computer with Internet connection at the local library, community center or other location.
- The student does not have access to a computer for online learning and requests the school provide one or a place in the school to access the online learning as part of the student's school day.

We acknowledge that we have reviewed this agreement together and understand our responsibilities.

Student _____ Date: _____

Parent _____ Date: _____

School Representative _____ Date: _____