

Chesapeake Public Schools  
Department of Information Technology  
**Application for 2018-2019 CPS Online Courses**

Student Name \_\_\_\_\_

Student ID# \_\_\_\_\_

Date of Birth \_\_\_\_\_

School \_\_\_\_\_

Grade Level \_\_\_\_\_

Student Email Address \_\_\_\_\_

Parent/Guardian Name(s) \_\_\_\_\_

Parent/Guardian Email Address \_\_\_\_\_

Phone number \_\_\_\_\_

**In order to enroll in a CPS Online Course students & parents/guardians agree to the following:**

- Students are responsible for having reliable computer and internet access. A mobile device is not sufficient.
- Students and parents agree to check email regularly and respond to teacher messages within 24 hours.
- Enrollment is contingent upon successful completion of the CPS Desire2Learn Orientation Course which is delivered fully online.
- Students must complete all required Virginia Department of Education tests at their zoned school.
- Applicants will be notified of acceptance via email and receive orientation information in August (fall semester) or January (spring semester).

Student Signature \_\_\_\_\_

Date \_\_\_\_\_

Parent Signature \_\_\_\_\_

Date \_\_\_\_\_

**Requested course(s):**

Honors English 11 (Fall)

Honors VA & US History (Spring)

VA & US Government (Fall)

VA & US Government (Spring)

Economics & Personal Finance (Fall)

Economics & Personal Finance (Spring)

English 12 (Spring)

**To be completed by the school counselor:**

*I have reviewed the student information provided herein and confirm it is accurate. I confirm the course(s) the student has requested is an appropriate placement based on the student's academic history, needs, and course prerequisites.*

Counselor Name \_\_\_\_\_

Date \_\_\_\_\_

Counselor Signature \_\_\_\_\_

## Permission to Participate in a CPS Online Course

*Please sign and return to the student's school as soon as possible.*

STUDENT NAME: \_\_\_\_\_

STUDENT ID NUMBER: \_\_\_\_\_

DATE OF BIRTH: \_\_\_\_\_

I have received, read and fully understand the Acceptable Telecommunications and Internet Use Policy for Students. By signing below all students, parents and/or guardians also are agreeing that they understand that any violation of the policy may result in the student's access to the Network being suspended and/or terminated and that disciplinary action and/or appropriate legal action may be taken. The students, parents and/or guardians understand that Network access is a privilege as opposed to a right and may be terminated at any time. The student, parent and/or guardian further understand that this access is designed for education purposes and that CPS has taken reasonable precautions to eliminate Network use for non-educational purposes. The student, parent and/or guardian also recognizes, however, that it is impossible for CPS to restrict access to all controversial or inappropriate materials, and the student, parent and/or guardian will not hold CPS, the School Board, or any individuals employed by CPS responsible for damages related to the student's use of the Network or for material reviewed by any student on the Network.

I also understand that termination of Network privileges could result in the student being unable to complete and receive credit for the E-Learning course in which they are enrolled.

STUDENT SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

PARENT/GUARDIAN NAME: \_\_\_\_\_

PARENT/GUARDIAN SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

### **PARENT/GUARDIAN:**

As the parent or guardian of the above named child, I understand that Network access includes a Chesapeake Public Schools (CPS) Desire2Learn account.

Furthermore, I give permission for my child to take this course completely online. I understand that course sessions will be available anytime anywhere and that it is my responsibility to provide reliable computer and Internet access. I understand it will be my child's responsibility to schedule his/her time wisely in order to successfully complete this course. By signing this form, I release Chesapeake Public Schools, the School Board, and any individual employed by CPS from any obligations, legal or financial that could result from my child's use of online technology.

PARENT/GUARDIAN SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

**To Be Completed by the Student:**

1. Navigate to <https://goo.gl/forms/FBrowmcThpfFavei1> and complete the “Online Learning Readiness Diagnostic”

2. Enter your score from the “Online Learning Readiness Diagnostic”

3. Why do you want to take an online course?

4. Where will you complete your online course work?

5. How much time can you devote on a daily or weekly basis to complete an online course?

6. Do you agree to abide by the Virtual Instruction Program Honor Code as stated below?

*My work is my own and no other's. I will not copy another student's answers, use or access another student's account, nor submit any work that is not completely my own. Giving away my work, my password, or giving any access to my work to anyone also violates the VIP Honor Code.*

YES

NO

6. Do you have access to a desktop or laptop computer outside of school?

YES

NO

7. Do you have access to the internet/Wi-Fi outside of school?

YES

NO

Student Signature \_\_\_\_\_