



VIRTUAL SCHOOL SUPPLEMENTAL ENROLLMENT FORM



STUDENT INFORMATION

Student's Last Name:	First Name:	Middle Name:	Date of Birth (mm/dd/yy): / /
Parent/Guardian First and Last Name:		Home or Cell Number: ()	

REQUIRED INFORMATION

The Michigan Department of Education, requires that a person enrolling at a virtual/remote school must have access to the internet with reasonable download speeds. The Michigan Department of Education also requires students enrolling at a virtual/remote school to have an internet-enabled device with appropriate software configurations in the home.

I, _____, parent/guardian of the above-named student seek to enroll my student in Detroit Public Schools Community District's Virtual School and I certify the following:

- My child has access to a computer with internet at home, or I can arrange for my child to have regular access to a computer with internet connection at a location outside of the home.
- I do not have access to a computer for my child to access online learning and request the school provide one.

Detroit Public Schools Community District requires that families commit to DPSCD's Virtual School for a minimum of one semester. Please confirm which semester(s) your student will attend DPSCD's Virtual School:

- Semester 1 of the 2021-22SY (September 7th – January 28th)
- Semester 2 of the 2021-22SY (January 31st – June 27th)
- The entire 2021-22SY (September 7th – June 27th)

Detroit Public Schools Community District will hold a seat at one of the District's brick-and-mortar schools a student attending the Virtual School during the 2021-22SY.* Please identify the home school where the student's seat will be held:

Name of School:

*Students must have already gained acceptance into an application or exam school to hold a seat at that school.

ACKNOWLEDGEMENT AND SIGNATURE

I, _____, parent/guardian of the above-named student, seek to enroll my student in Detroit Public Schools Community District's Virtual School and I certify the following:

- I understand that I must work collaboratively with the Virtual School staff to collaboratively develop an educational development plan (EDP) for my student prior to the Fall and/or Spring Count Period.

Parent/Guardian Name (please print):

Parent/Guardian Signature

Date:

/ /



VIRTUAL SCHOOL LEARNING AGREEMENT



STUDENT INFORMATION

Student's Last Name:	First Name:	Middle Name:	Date of Birth (mm/dd/yy): / /
Parent/Guardian First and Last Name:		Home or Cell Number: ()	

The purpose of this agreement is to acknowledge acceptance of the identified roles and responsibilities for students and parents that request to enroll in DPSCD's Virtual School. Any violation of the below student agreements will result in a student being transferred out of the Virtual School and enrolled into one of the District's brick-and-mortar schools.

STUDENT SECTION

<input type="checkbox"/> I agree to maintain a study schedule and spend at least 8 hours a week on each online course.	<input type="checkbox"/> I agree to communicate regularly with my counselor whenever I have a problem with my attendance.
<input type="checkbox"/> I agree to abide by DPSCD's Student Code of Conduct.	<input type="checkbox"/> I understand DPSCD's academic, behavioral, and attendance expectations of me while attending the Virtual School. I need support in the following areas:
<input type="checkbox"/> I agree to keep up with assignments, tests, and quizzes.	
<input type="checkbox"/> I agree to maintain a C or above in all my classes.	
<input type="checkbox"/> I agree to communicate with my teacher regularly and whenever I have a problem.	
<input type="checkbox"/> I agree to maintain an attendance rate of at least 90% in all my classes.	

PARENT/GUARDIAN SECTION

I agree to support my child's success at DPSCD's Virtual School by:

- Setting up a study space
- Monitoring their academic, behavioral, and attendance progress
- Helping maintain their study schedule
- Aiding their daily attendance in all classes
- Encouraging them to communicate with the teacher whenever there is a question or a problem

ACKNOWLEDGEMENT AND SIGNATURES

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

Student (signature)	Date: / /
Parent/Guardian (signature)	Date: / /