

**Seneca R-7 School District
MOCAP Virtual Learning Application
2020-2021 School Year**

Application Due Dates:

1st Semester: August 1st, 2020

2nd Semester: November 15, 2020

Students who enroll in the district after Nov. 15, 2020 may apply through December 13, 2020.

Date: _____

Student Name: _____

Student ID #: _____ Building: _____

Birthdate: _____ Grade: _____

Student was enrolled as a full-time student in a public school during the semester immediately prior to the semester that virtual enrollment is requested. Yes _____ No _____

Courses requested:

Course	1st Semester	2nd Semester
1		
2		
3		
4		
5		
6		
7		

In order to be eligible to access school virtually through MOCAP the following requirements are in place:

1. Students wishing to enroll in virtual learning must be enrolled as a full-time student in the Seneca R-7 School District. The student will be enrolled as a virtual student.
2. The student must have been enrolled in school as a full-time student in a public school during the semester immediately prior to enrolling unless the student had a documented medical or psychological diagnosis that prevent the student from attending school in the community during the previous semester.
3. Students enrolling in three or more MOCAP courses will develop an Individual Career and Academic Plan in conjunction with the student's school.

4. Students must be in at least 2 seated classes to be considered eligible for athletics, activities or clubs.
5. Students in grades K-8 may access MOCAP courses. Courses taken virtually will be taken at home.
6. The district does not supply computers, mobile devices or internet access for students to access virtual courses from home.
7. Students who fail a course or who do not meet the attendance requirements of the virtual provider may be removed from the MOCAP program.
8. Students may enroll and withdraw from courses in accordance with district policy. High school students who withdraw from a MOCAP or other virtual course after the 10th day of the semester will receive an F for the course just as they would in a traditional seated course.

I have read and understand the above guidelines.

Parent Signature: _____ **Date:** _____

This section to be completed by the district:

Date: _____ **Approved: Yes** _____ **No** _____

School Official Name: _____ **Signature:** _____

If not approved, reason for disapproval:

Please submit this application form directly to your student's school or to:

**Seneca School District
914 Frisco St.
Seneca, MO 64865
417-776-3426**