



RIVER VALLEY SCHOOL DISTRICT

660 West Daley Street

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Spring Green, Wisconsin 53588

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Phone: 608-588-2551

341.3 Exhibit

Online Learning Contract

(Please fill out a separate form for each class being requested.)

NAME OF STUDENT: _____

GRADE OF STUDENT: _____ **COST OF THE ONLINE COURSE:** \$_____

ONLINE COURSE BEING REQUESTED: _____

CLASS PERIOD STUDENT IS REQUESTING TO TAKE ONLINE COURSE: _____

My parent/guardian and I, as a student, understand that by requesting to participate in an online class, I am making a commitment to the following:

1. I understand that some of the factors used to determine if I am eligible for online learning include, but are not limited to the following: good attendance, good academic standing, good discipline record, and the ability to work independently.
2. I will report to the LMC for any online class hours (students are expected to be on campus for their online classes)
3. I understand that failure to log in to my online class within the first 7 school days will result in me being automatically dropped from the course.
4. I understand that once I am enrolled in the online class, I must stay in that class for the duration of the class.
 - a. I understand that I can drop the course on days 1-9 without penalty. After day 10, I will receive a failing grade for the course if dropped.
 - b. Should I not complete the course, my transcript will include a failing grade.
5. I understand that the River Valley School District is paying for these courses; therefore, failure to complete the course or failing the course will require me to reimburse the district for the cost of the course.
6. I understand that the online calendar (such as River Valley Virtual Academy (RVA)) may not match River Valley High School's calendar and I will submit assignments as required by the online calendar.
7. I understand that online courses will be included in my GPA and I will earn High School credit at the conclusion/completion of the course.
8. I will inform my online teacher and RV counselors in a timely manner if I am experiencing any technical difficulties in my course.
9. I will inform my online teacher of any scheduled or unscheduled absences and make up work as required.
10. I will use the school network and equipment in compliance with the River Valley School District's Acceptable Use Policy # 743.

Student Signature

I affirm that I, the student, will complete assignments, projects, and tests without the assistance of another person or resource, unless permitted by the online teacher. I further affirm that all work will be of my own origin—I will cite sources when required. I have read, understand, and agree to abide by this contract.

Student Name (PRINT)

Student Signature**Date**

Parent/Guardian Signature

I affirm that I, the parent/guardian, have read, understand, discussed with my child, and agree to abide by this contract.

Parent/Guardian Name (PRINT)

Parent/Guardian Signature**Date**

____ **APPROVED** **CLASS PERIOD STUDENT WILL TAKE ONLINE COURSE:** _____

____ **DENIED**

Signature of School District Representative

CROSS REFERENCE: Policy #743 Acceptable Use of Networked Computers, Electronic Mail, and Internet Safety Policy

APPROVED: April 14, 2016
REVISED: November 14, 2024
APPROVED: December 12, 2024