



## Middle School Online Course Parent/Student Agreement

Student Name: \_\_\_\_\_ School: \_\_\_\_\_ Grade: \_\_\_\_\_

Student Email: \_\_\_\_\_ Student Phone: \_\_\_\_\_

Parent Email: \_\_\_\_\_ Parent Phone: \_\_\_\_\_

### STUDENT

Semester(s) for which the student is applying:  Fall  Spring  Year-long

Why do you want to take an online high school course?  
\_\_\_\_\_

Course(s) requested: \_\_\_\_\_

By initialing the following statements, I, \_\_\_\_\_ (student), agree to comply with the expectations established by Duplin County Schools.

\_\_\_\_\_ Log into your online course daily (Monday –Friday)

\_\_\_\_\_ Dedicate the recommended time to your online coursework each day:

Semester (90 minutes), Year-long (45 minutes)

\_\_\_\_\_ Adhere to DCS expectations regarding acceptable use of technology (Policy 3225)

\_\_\_\_\_ Communicate weekly with your online instructor via text, phone, email, or other messaging tools

\_\_\_\_\_ Maintain expected pace in your online course as described by your course syllabus

\_\_\_\_\_ Attend lab sessions as assigned by your School Counselor or online facilitator

\_\_\_\_\_ Alert the online facilitator and/or School Counselor if you are experiencing difficulty in your course

\_\_\_\_\_ Students are not allowed to drop a course after the drop/add date and may only do so after the parent and student consults with the school counselor. .

\_\_\_\_\_  
Student Signature/Date

### PARENT/GUARDIAN

As the parent/guardian of \_\_\_\_\_, I understand that my child is requesting enrollment into an online course. I understand the student expectations listed above. Regular access to a computer with internet is critical for successful completion of the online coursework.

\_\_\_\_\_  
Parent/Guardian Printed Name

\_\_\_\_\_  
Parent/Guardian Signature/Date

