

Billings R-IV
Virtual Course Application Form

Student's Name: _____

Date of Application: _____

Course and/or Courses being requested:

Name of Online Course	Online Course Provider	Semester or Full Year

____ Other (List the vendor and web address for approval)

Vendor

web address

Purpose for taking the online/virtual course:

Signatures:

Parent signature

Date

Student signature

Date

Administrator signature

Date

Billings R-IV
Virtual Course Determination Form

To: _____ (name of parent/guardian/student):

_____ (name of student) requested to enroll in one or more virtual courses. We have made the following determinations.

Approved for Enrollment

The student has been approved to enroll in the following virtual courses:

1.
2.
3.
4.

Declined for Enrollment

We have determined that, in accordance with Board policy and procedure, it is not in the best educational interest of _____ (student's name) to enroll in the following courses for the following good-cause reasons:

Name of Virtual Course	Reason for Denying Enrollment

Name of Principal or Designee

Signature of Principal or Designee Date