**Bremen High School**

**Indiana Online Course Application**

**2024-2025 School Year**

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Grade: \_\_\_\_\_\_\_\_\_\_\_\_

Course Enrolling in: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Trimester\_\_\_\_\_\_\_\_\_\_

**Reason for enrollment? Cost to Student:**

 IEP Case Conference Decision $100

 Course Failure (affects graduation timeline) $100

 Extended Curriculum (BHS doesn’t offer) $100

 \*Schedule Conflict of a required course $100

 Other (please explain): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ $100

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\**A required course takes priority over an elective.*

**Bremen High School agrees to**:

* Pay a portion of the class ($175) if it’s recommended by the school that I enroll in Indiana Online.
* Monitor progress and discuss lack of progress with students and/or parents.

**I agree to**:

* Complete a minimum of 8% of the course each week and complete the entire course by the end of the trimester.
* Communicate any questions and concerns pertaining to the course content directly to my Indiana Online Teacher.

**I understand that:**

* I must pay $100 or the amount listed above for this course and will not be refunded if I withdraw or do not complete the course.
* If I do not complete the course by the end of the trimester, I can ask Indiana Online for an extension but may or may not be approved.
* BHS Teachers are NOT required, nor expected, to assist me with this course because there is an online instructor available to assist me.
* I am choosing to complete this class on my own and completion will require self-motivation.
* Failure to comply with these agreements means I will not be permitted to enroll in another Indiana Online course.
* I may not be able to fit a 70-minute class period to complete this course in my schedule and will have to work on it outside of school hours.

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Student Signature Date Parent Signature Date

The following individuals must sign-off on this document BEFORE enrollment occurs:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ *Counselor \_\_\_\_\_\_\_\_ Date*

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ *Administrator \_\_\_\_\_\_\_\_ Date*



*For Office Use Only*

**Class Start Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Class End Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Completed Course: \_\_\_\_\_\_\_\_\_ Final Grade: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**