

**Bremen High School
Application for Indiana Online
2019-20 School Year**

Name: _____

Grade: _____

Which class would you like to enroll in? _____

Reason for enrollment?

Cost to Student:

- | | | |
|--------------------------|---|-------|
| <input type="checkbox"/> | IEP Case Conference Decision | \$100 |
| <input type="checkbox"/> | Credit Recovery | \$100 |
| <input type="checkbox"/> | Failed Class (____) times | \$100 |
| <input type="checkbox"/> | Extended Curriculum (BHS doesn't offer) | \$100 |
| <input type="checkbox"/> | *Schedule Conflict | \$100 |
| <input type="checkbox"/> | *Other (please explain): _____ | \$100 |

**A required course is a priority over an elective. If you choose the elective and need to take the required course through IOA, you will be required to pay for the entire class (\$275). You will also pay full price if you choose to take a required course to avoid a particular teacher.*

The School agrees to:

- Pay a portion of the class if it's recommended I enroll in IOA (\$175 if class is passed).

I agree to:

- Complete a minimum of 8% of the course each week.
- Check-in with the IOA Coordinator once each week, either in person or by email.
- Communicate any questions and concerns pertaining to the course content directly with my IOA Teacher.

I understand that:

- *I must pass the IOA Final Exam to pass the course.*
- *I must pay a \$100 for this course.*
- *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 IOA course.*
- *I am not entitled to a 70-minute class period to complete this course.*
- *I am only allowed 1 scheduled period per school year for IOA.*

Student Signature

Date

Parent Signature

Date

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

_____ Guidance Counselor _____ Date

_____ Administrator _____ Date

Class Start Date: _____

Class End Date: _____