

Re: Approval Form for Enrollment

To: District Administration/District Partner,

At least one student from your district or charter school is seeking approval to attend Missouri Connections Academy, a full-time virtual public program authorized by the Ozark School District under Mo. Stat. 162.1250 to serve students in grades K–12 statewide. We are excited to partner with you to provide another high quality school option for your students.

Curriculum: Missouri Connections Academy meets all the statutory requirements of the Missouri Course Access and Virtual School Program (MOCAP). We offer a fulltime schedule so students can earn all the credits needed to graduate, as well as participate in extra-curricular activities. Our curriculum aligns to Missouri Learning Standards. MOCAP credits transfer back to the resident district because the alignment and educator requirements have been met. We offer Advanced Placement (AP) courses for students ready for a challenge; while the resident school still administers the final assessment. The course catalog can be viewed at <https://www.connectionsacademy.com/missouri-online-school/curriculum>.

Special Education: The resident district still has the responsibility of delivering special and related services for students with disabilities, but Connections Academy is able to offer those services if needed. Connections Academy has a long list of accommodations and modifications to meet individualized student needs and can be accessed at https://www.connectionsacademy.com/Portals/69/ca-schools/moca/documents/pdfs/Exhibit_H-MOCAP_Modification_Checklist.pdf.

Next Steps: A copy of the approval form, completed and signed by the student's parent/legal guardian (or the student if the student is 18 years old or older) is attached to this letter. This form confirms the family's decision that attending Missouri Connections Academy is in the best interests of the student. If in the course of reviewing this approval application, the resident school district determines that enrollment is not in the best educational interest of the student, they are required by law to provide this determination and their reason in writing to the student and the student's family, along with information on the right to appeal any enrollment denial.

Once you finish the approval process, please return the completed form to the parent/guardian or eligible student.

The parent will provide a copy of this form to Missouri Connections Academy. If the student is approved to attend a member of our staff will contact you, the district or charter school, to confirm the student's enrollment and obtain contact information for billing and monthly progress reporting purposes.

Please reach out if you'd like to learn more about Missouri Connections Academy or visit our website to see what we can offer, <https://www.connectionsacademy.com/missouri-online-school/enrollment/eligibility>. We look forward to communicating with you!

Sincerely,

Lynsie Hunt, Principal
Missouri Connections Academy
lyhunt@moca.connectionsacademy.org

Resident District Approval Request for Attendance at Missouri Connections Academy

Form Facts

Parents/Legal Guardians Instructions: Please complete a separate form for each student. Complete all information in Section I of this form. You will submit this form to your Resident District/Charter School Official for completion, approval, and signature in Section II. If your resident district has a board-approved application form, please ensure that you include that as well and any other documents that are required by your resident school district **This form must be completed in its entirety and signed by both the parent or legal guardian and the School Official.**

Please note: Your student can attend an approved virtual school program of their choosing, except in the limited circumstance that your resident school district or charter school determines that attending that virtual school program is not in the best educational interest of the student. If your resident school district or charter school makes this determination, please refer to their policy regarding your rights to access virtual education programming, including your right to appeal a denial/ineligibility determination.

I. Student Information Section

To be completed and signed by the parent or legal guardian or the emancipated student.

Has the student been enrolled full-time in and attended a public school, including any charter school, for the semester immediately prior to enrolling in the virtual school program? Yes No

If no, does the student have a documented medical or psychological diagnosis that prevented the student from attending a school in their resident district the prior semester? Yes No

School Year Applying For: _____

Legal Name of Student (First, Middle Initial, Last): _____ Gender: Male Female

Student Date of Birth: _____

Indicate the grade the student will be enrolling in:

K 1 2 3 4 5 6 7 8 9 10 11 12

Name of First Parent/Legal Guardian: _____

Relationship to Student: _____

Name of Second Parent/Legal Guardian: _____

Relationship to Student: _____

Preferred Phone: _____ Work Phone: _____

Email: _____

Mailing Address: _____

City: _____ State: _____ ZIP Code: _____

Physical Address (if different from above): _____

City: _____ State: _____ ZIP Code: _____

Parent Acknowledgement and Signature

Pursuant to the Missouri Course Access and Virtual School Program Law (Mo. Stat. 161.670), I request approval to enroll my student in Missouri Connections Academy. Missouri Connections Academy is an approved program provided by the Ozark School District under Mo. Stat. 162.1250. I understand that state law provides the option for a student to receive instruction in a virtual setting. I certify that my student's enrollment in the Virtual Program is in the best educational interest of the student. Should the resident school district or charter school approve my student's enrollment, I provide my consent for the school district or charter school to release all of the student's educational records to Missouri Connections Academy without delay.

By signing below, I acknowledge my agreement with the information in this section and certify that all of the information provided in this form is accurate and complete.

Parent/Legal Guardian Signature (if student is less than 18 years old)

Date Signed

II. District/Charter School Information (School Use Only)

To be completed and signed by the student's Resident School District Official or Charter School Official.

Student's MOSIS Number: _____

Please check any areas in which the student received services during the previous semester:

- Special Education English Language Services Free and Reduced Lunch
 Section 504 McKinney-Vento
 Other: _____

Name of Resident School District (This is the school district the student is currently enrolled full-time):

Name of Student's Current School of Enrollment: _____

Address of School (currently enrolled): _____

Please provide contact information for the resident school district or charter school official responsible for the following:

Student's Progress Monitoring (for example, Student's counselor)

School Official Name: _____ Title: _____

Phone Number: _____ Email: _____

Invoicing (for example, School Business Manager)

School Official Name: _____ Title: _____

Phone Number: _____ Email: _____

Approved Course Schedule

Please select your student's course schedule by attaching it to this form or specifying the courses in the space below. To review the courses offered at Missouri Connections Academy, please visit <https://mocap.mo.gov/catalog/connections-academy.html>.

Students enrolled in fulltime virtual school are required to have an individual learning plan; the ICAP designed by DESE incorporates the state' minimum graduation requirements. In order to ensure your student is satisfying graduation requirements, it is important that you reach out to your resident school district or charter school to discuss course scheduling.

English Language Arts: _____ Math: _____

Social Studies: _____ Science: _____

Elective 1: _____ Elective 2: _____

Elective 3: _____ Other: _____

Special Education

Students that receive Special Education services will continue to have these services provided by their resident school district or charter school. Missouri Connections Academy will provide general education services in accordance with any IEP or 504 plan shared by the school district or charter school with Missouri Connections Academy staff. Please note that Missouri Connections Academy does not provide alternative courses.

To review the accommodations and modifications offered by Missouri Connections Academy, please visit https://www.connectionsacademy.com/Portals/69/ca-schools/moca/documents/pdfs/Exhibit_H-MOCAP_Modification_Checklist.pdf

If the student receives Special Education or Section 504 services, the school district/charter school is required to provide the accommodations and modifications of the IEP or Section 504 Plan to Missouri Connections Academy.

Date of Most Recent IEP/504/EL meeting: _____

Confirm that accommodations and modifications of IEP, Section 504 Plan, or English Language Learner Plan have been sent to Missouri Connections Academy

Date Sent to Missouri Connections Academy: _____

Please provide the School/Charter Official responsible for Delivery of Special Education Services (i.e., Special Education Director)

School Official Name: _____ Title: _____

Phone Number: _____ Email: _____

Resident School District or Charter School Signature (Required)

The Resident School District or Charter School has reviewed and approved the student's course schedule of this form.

Confirm that current accommodations and modifications of IEP or Section 504 Plan have been sent to Missouri Connections Academy

Date of Approval Request: _____

Date of Denial: _____

I have reviewed this request for full-time attendance of the student at Missouri Connections Academy with the understanding that the student remains enrolled in the school district or charter school, as applicable, and hereby provide approval and represent that I am authorized to do so.

I also hereby agree to the release of student records pursuant to FERPA for DESE reporting, with the understanding that the education service provider of Missouri Connections Academy has also agreed to the FERPA-compliant release of student records through its agreement with its authorizing district.

Signature of District/Charter Official

Date Signed

Printed Name of District/Charter Official

Title of Official

Please note: If the District has a question about course offerings or accommodations for a student, the district may contact one of the following additional Points of Contact for Missouri Connections Academy by calling 417-413-2744.

Lynsie Hunt, School Leader, lyhunt@moca.connectionsacademy.org, 417-413-3646

Kim Petree, Manager of School Counseling, kpetree@moca.connectionsacademy.org, 417-501-0189

Amber Richardson, Special Education Coordinator, ambrichardson@moca.connectionsacademy.org, 417-413-5144