

# Edina High School

## Online Course Registration Agreement

This agreement is entered into between Edina Public Schools District 273 (herein referred to as the "District") and \_\_\_\_\_ (print student name - hereinafter referred to as "Student") as follows:

1. The student shall fully comply with the District's [Online Learning Policy](#) and the Online Learning Option Act, [Minnesota Statutes Section 124D.095](#).
2. By signing and returning this document, the student and parent/guardians agree to complete the required registration steps to successfully enroll within the online course. It is a student and parent/guardian responsibility to complete registration for an online course in an appropriate and timely manner.
3. Students and parents are responsible for reviewing the guidelines of the online provider.
4. Second-semester seniors participating in Senior May Term must complete the online course prior to the start of the SMT experience.
5. Online Course Payment:
  - o Students can add an online course at no cost if registered for six or fewer credit-bearing courses at Edina High School during the academic year.
  - o A student/family is responsible for the full cost of a course if taking a course above the seven credit threshold or during a summer session.
6. By returning this signed agreement, the student will be dropped from the requested school-based course. A placeholder called "Course Online" will be placed in the student schedule.

Please indicate the EHS-based course that should be dropped from the student schedule:

\_\_\_\_\_

**\*\*\*Please Note: Dropping an Edina-based course after the school withdrawal deadline will result in a "W" mark on the official Edina transcript\*\*\***

**\*\*\*Students that are unsuccessful in completing this online course waive their right to sign up for a future online course\*\*\***

Student Name: \_\_\_\_\_

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

Student Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Parent Name: \_\_\_\_\_

Parent Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Updated: 5/20/2019

Counselor Initial: \_\_\_\_\_

Date Processed: \_\_\_\_\_