



## NCVPS Course Request Form

**Taking online classes could be for you!** You are not obligated to select more than one course during any session. However, no more than two online courses will be approved during any session. Online courses are available during the school day or will be added on as 5<sup>th</sup> and/or 6<sup>th</sup> block(s). **Summer Session:** No more than two courses will be allowed; you may not take any science courses (requiring a lab) nor CTE classes during the summer months. If this is your first time taking an online course, a required orientation session will be scheduled prior to the first day of class. Your password will be provided after you have attended the orientation. **To see course choices go to <http://www.ncvps.org>** (Click on the Course Info tab).

PLEASE PRINT

**COURSE(S) REQUESTED:**

- |           |                                                                                                              |
|-----------|--------------------------------------------------------------------------------------------------------------|
| 1). _____ | <input type="checkbox"/> Summer 2014 <input type="checkbox"/> Fall 2014 <input type="checkbox"/> Spring 2015 |
| 2). _____ | <input type="checkbox"/> Summer 2014 <input type="checkbox"/> Fall 2014 <input type="checkbox"/> Spring 2015 |
| 3). _____ | <input type="checkbox"/> Summer 2014 <input type="checkbox"/> Fall 2014 <input type="checkbox"/> Spring 2015 |
| 4). _____ | <input type="checkbox"/> Summer 2014 <input type="checkbox"/> Fall 2014 <input type="checkbox"/> Spring 2015 |

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

**Student Email:** \_\_\_\_\_

**Student Phone Numbers: (Cell)** \_\_\_\_\_ **(Home)** \_\_\_\_\_

**Student ID Number:** \_\_\_\_\_

**GRADE LEVEL when taking class (es):** 9<sup>TH</sup>  10<sup>TH</sup>  11<sup>TH</sup>  12<sup>TH</sup>

**COUNSELOR & CDC SECTION ONLY**

**Counselor Submitting Request: IEP:** YES  NO       **504:** YES  NO

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

**Counselor's Signature for Approval**

---

**NCVPS Approved**       **NCVPS Denied**       **NCVPS Waitlisted as of** \_\_\_\_\_

**NCVPS Advisor's Signature:** \_\_\_\_\_

**Date received:** \_\_\_\_\_      **Date approved:** \_\_\_\_\_



# North Carolina Virtual Public School (NCVPS) User Agreement WEST CHARLOTTE HIGH SCHOOL Charlotte-Mecklenburg Schools



*(All students must sign this agreement before participating in a NCVPS course.)*

Your child, \_\_\_\_\_ is requesting to take at least one NCVPS online course  
(print student's name) this Fall  Spring  Summer

By placing a check mark on each line and signing below, I am making a commitment to the following terms:

- \_\_\_\_\_ 1. I have read, understand, and will obey **all rules and policies** set forth for participation in the NCVPS.
- \_\_\_\_\_ 2. I have access to a "working" home computer with continuous Internet service.
- \_\_\_\_\_ 3. I will be dropped from the course(s) if I fail to log on during the first 10 days and/or my name appears on the NCVPS Inactive Report.
- \_\_\_\_\_ 4. I will spend at least **90 minutes** daily working on the NCVPS web site and/or assigned modules, since working in a virtual environment is a tremendous time commitment. More time each day may be needed if I am not progressing after the Interim Reporting Period (refer to Instructional Calendar). If I have **questions** or need help, I will **email or call** the assigned NCVPS teacher.
- \_\_\_\_\_ 5. I will work on **NCVPS assignments until all course requirements are completed**. More time each day may be needed if I am not progressing after the Interim Reporting Period (refer to Instructional Calendar online). I will complete all work prior to the final date set by the NCVPS or Charlotte-Mecklenburg Schools (CMS).
- \_\_\_\_\_ 6. I will take all required EOC examinations in person at a location designated by CMS. I understand that EOC examinations count as 25% of my final grade. Failure to take required assessments may result in a grade of "F" for the course(s).
- \_\_\_\_\_ 7. I understand that all grades in online courses will be **recorded on my CMS transcript** and included in my **GPA/Class Rank calculation**.
- \_\_\_\_\_ 8. I will complete all **NCVPS assignments, quizzes, and self assessments**. Allowing another individual to perform work in courses for which I am registered is cheating and a **violation of the CMS Student Code of Conduct**. Such actions will **result in a grade of "F" for the course**, as well as, disciplinary consequences. I will receive a grade of "F" for any course I do not complete or that I **drop after the drop/add period** has closed.
- \_\_\_\_\_ 9. I understand that the North Carolina Virtual Public School and/or Charlotte-Mecklenburg Schools may terminate my enrollment should I **fail to abide by this contract**. Termination enrollment will result in a grade of "F" for the course, which will be recorded in **my official record and on my transcript**.
- \_\_\_\_\_ 10. If this is the first time taking an online class, I will attend the **required orientation** session.

**The NCVPS Contract will not be processed without the requested information below.  
DUE DATE: No later than May 26, 2014**

\_\_\_\_\_  
Student's Name (please print)

\_\_\_\_\_  
Parent/Guardian's Name (please print)

\_\_\_\_\_  
Parent/Guardian's Email Address (please print)

\_\_\_\_\_  
Student's Signature

\_\_\_\_\_  
Parent/Guardian's Signature

\_\_\_\_\_  
Parent/Guardian's Cell Phone