



ALBERT LEA
SCHOOL DISTRICT 241

Online Academy Enrollment Form

Student Last Name: _____

Student First Name: _____

Student ID Number (if known): _____

Student Grade _____

What District School would the student regularly attend (Circle one):

HL	LV	SWMS	ALC
HW	SB	ALHS	New to district / unknown

My student has an active IEP/504 (Check one): Yes – IEP Yes – 504 No

My student receives EL Services (Check one): Yes No

I have reliable internet access where my student will be attending their classes: Yes No



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I have either attended an Online Academy orientation session or viewed the Online Academy orientation video: Yes _____(date) No

I understand that my student must do work in each of their assigned classes daily to be counted as attending that class for the day. I understand that this time can be put in at any point during the day for the vast majority of classes. Yes No

I understand that if my student is significantly absent in the first two weeks of school that my student may be dropped from the Albert Lea Online Academy: Yes No

I understand I am responsible for:

- My student's learning as I am their Learning Coach.
- My student's attendance in their Online Academy classes.
- Assisting my student to resolve any technology issues.
- Reporting any excused attendance reasons to the Online Academy within one school day.
- Arranging pick-up of my student's technology and curricular materials.
- Returning any district property received from Albert Lea Area Schools.
- Being in regular, weekly communication with my student's instructors.
- Having current, accurate contact information on file with the AL Online Academy.

Parent/Guardian Name Printed: _____

Parent/Guardian Signature: _____ Date: _____