



Online Academy Enrollment Form

Student Last Name: _____

Student First Name: _____

Parent/Guardian Name Printed: _____

Parent/Guardian Phone Number: _____

Student Grade: _____ Student ID Number (if known): _____

What District School would your student regularly attend (Mark One):

_____ SWMS (Grades 6-7) _____ ALHS (Grades 8-12) _____ ALC (Grades 9-12)

_____ New to district [**Must Complete Release of Records Request Form as well**]

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



I understand that attendance and consistent daily engagement in all courses is critical to success in an online format. _____ 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 the Online Academy.
- Monitoring my student's progress in their Online Academy classes (at least weekly).
- 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 any curricular materials.
- Returning any district property received from the Albert Lea Area Schools.
- Being in regular communication with my student's instructors.
- Regularly checking my email for information from the school (at least weekly).
- Having current, accurate contact information on file with the AL Online Academy.

Parent/Guardian Email Address: _____

Parent/Guardian Signature: _____ Date: _____

Here is the link:

<https://www.alschools.org/cms/lib/MN50000615/Centricity/Domain/59/Record%20Request%20fillable.pdf>