



Registration Signature Page
(All information is required)

Student Name _____ ID # _____

Student email _____ Student phone _____

Students are welcome at MACC | 800 West Broadway from 8:00 am – 4:00 pm Monday – Friday to receive help from a MPS Online teacher or to use the computer lab or other resources. Appointments should be made to meet with specific teachers.

Statement of assurances and expectations:

- I have reviewed the Student Handbook and understand the expectations of being a MPS Online Learning Student.
I understand that the MPS Online Learning program follows the district attendance policy, and that I will be expected to go online at least 4 – 5 hours a week per class to do class work, turn in assignments (a minimum of 4 assignments per week per class), and to discuss class topics with peers.
I also understand that teachers will be determining if I am meeting MPS attendance expectations 2 times per week, and that if I fail to meet these expectations, without contacting my teacher, it may be recorded as unexcused absences, and will affect my grade in the class.
See the MPS attendance policy: http://policy.mpls.k12.mn.us/Attendance_and_Assignment.html.
I understand that I must make all required face-to-face meetings or make alternate arrangements with my teachers to attend meetings, labs, seminars, etc.
I understand that I am required to do all course work with academic honesty, meaning that I will not plagiarize, cheat, or fabricate information on assignments.
I understand that if I share my work with other students with the intent that they can claim it as their work, I will be held equally responsible in the consequences.
I understand that I can communicate through the Odysseyware, and MyMPS, Learning Management Messaging System with my instructor about questions I have about how to do assignments and about what I'm learning.
I also understand that I can call or meet with my teacher during office hours if I need help.
I understand that I am expected to complete each course by the end of the quarter and that if I become ill or otherwise have complications that prohibit me from finishing I need to contact the teacher and the Online Learning Coordinating staff via, Odysseyware, and MyMPS, Learning Management Messaging System, email or call 612-668-1450.
I understand that all courses are for grade only. All grades earned are worth .25 credits per quarter class.
I understand that if I do not meet the above requirements, I can be dropped from the course, and that my transcript will reflect a fail for the class.
I understand that if I wish to drop a course, the request must be made to the Coordinator, Counselor and Teacher within the first 2 weeks of starting the course. After the first 2 weeks it will be considered a failing grade if the student drops the course.

As a student and a parent, my signature indicates that I agree with all of the above assurances and expectations and that I have received approval to take the requested online courses.

Please scan and email signed form to Katy Hemmah at katy.hemmah@mpls.k12.mn.us

Student Signature _____

Parent Signature _____

Date _____

For Part-time Online Learning students only

Counselors, your signature indicates you approve of the courses listed below:

Counselor Signature: _____ Phone: _____

(Please list classes applied for, for counselors approval)

Table with 2 empty columns for listing classes.