



MNVA

Minnesota
Virtual Academy

HOUSTON PUBLIC SCHOOLS

Minnesota Virtual Academy
306 West Elm Street
Houston, MN 55943

Ph
www.mnva.us

Part-Time Student Contract

The Minnesota Virtual Academy = School (MNVA=S) is a means for schools/parents to provide students an opportunity to participate in online learning. Because online learning represents a non-traditional learning experience, there are certain expectations for students enrolling in these courses. This contract is intended to present to students, parents, and the enrolling school the standards expected for enrollment in the MNVA=S program.

As a student registering for the MNVA=S program, I am aware that, in addition to the policies of my school/district, I am expected to comply with the following regulations:

1. Appropriate language and message content is expected at all times. Teachers may retrieve and print student work, comments, and messages at any time.
2. Students must communicate with their online teacher(s) on a consistent basis.
3. Students are expected to login to their MNVA classes every school day.
4. Students must use course material in an authorized and appropriate manner.
5. Students will be expected to follow other rules specified by their online teacher.
6. Any schedule change or withdrawal requests must be addressed to the student's enrolling school contact person listed below. MNVA-HS must be notified in writing by the enrolling school of any course changes and/or withdrawals of part-time students.
7. All part-time students must be enrolled in another Minnesota public school to be eligible for supplemental enrollment. If a student withdraws or is removed from their enrolling school MNVA must be notified and will proceed withdrawing the student as well.

For further information regarding MNVA= School's policies refer to the student handbook on our website, www.mnva.us. Students who fail to comply with the above conditions will be reported to their enrolling school.

Upon completion of an online course, credit must be granted to the student by the enrolling school. The credit(s) count towards the graduation and credit requirements at the enrolling district.

I have provided my Enrolling School with the MN Department of Education's OLL Supplemental Notice of Student Registration form, notifying them of my request to participate in this online learning program.

I have reviewed the online course or program and understand the expectations of the online learning enrollment.

I also understand that until this contract, the MN Department of Education's OLL Supplemental Notice of Student Registration form and the Student Application are received by the Minnesota Virtual Academy High School, the course registration process is not complete.

Student Name: _____

Student Signature: _____

Date: _____

Course 1: _____

Parent/Guardian Signature: _____

Course 2: _____

Enrolling School Name: _____

Course 3: _____

Enrolling School Contact Name & Title: _____

School Contact Signature: _____

Date: _____

Supplemental Online Course Registration Form

Definitions: A supplemental online course is an online course taken outside of the enrolling district in place of a course at the enrolling district. A K-12 public student may take up to 50% of their scheduled courses from an approved supplemental online course provider or more if the enrolling district and the online course provider agree. The enrolling district may reduce the number of courses they provide proportional to the supplemental online courses being taken. The grades, credits earned, and standards met are applied by the enrolling district to the student's regular transcript. See Minn. Stat. 124D.094 [2023].

One form per student per term is required. This form may be transcribed and used electronically for course registrations by a supplemental online course provider. All fields must be included. Districts or charter schools offering online courses to their enrolled students are not required to collect this form from their own enrolled students.

Instructions: This form is to be completed by the student with their parent/guardian at the time of course registration. It must be turned in to the supplemental online course provider on or before the 15th school day after the enrolling district's term has begun (unless there is an agreement to waive this deadline by the enrolling district and the online course provider).

Section I: To be completed by the parent/guardian and student after they have had initial meetings with the enrolling district and online learning provider. Please sign only after you have reviewed the online course and program and understand the expectations of enrolling in online learning.

Section II: To be completed by the online learning provider and enrolling district online contact person. Each school should keep a copy of this form when all signatures have been secured. The enrolling district has 15 days to review the attached course syllabus and sign and submit the form to the online learning provider.

Section 1. Information to be completed by the Student and Parent or Guardian

Student

Name (Last, First, M.I.): _____ Date of Birth: _____ Current Grade Level: _____
 E-mail: _____ Mobile phone: _____ Alternate phone: _____
 Address: _____ City, State ZIP code: _____

Parent 1/Guardian

Name (Last, First, M.I.): _____ Mobile phone: _____ Alternate phone: _____
 Address (if different): _____ City, State ZIP code: _____
 E-mail: _____ Contact preference: _____ Phone call _____ Text _____ Email

Parent 2/Guardian 2

Name (Last, First, M.I.): _____ Mobile phone: _____ Alternate phone: _____
 Address (if different): _____ City, State ZIP code: _____
 E-mail: _____ Contact preference: _____ Phone call _____ Text _____ Email

Online Course(s) Registration Request

Enrolling School: _____ Met with (name): _____ Date: _____
 Term: _____ Date submitted: _____ More than 50% of schedule? ____ Yes ____ No

Online course name	Replaces local course name
1. _____	1. _____
2. _____	2. _____
3. _____	3. _____

I have discussed supplemental online course enrollment with my enrolling school representative indicated above. I have reviewed the online course(s) registration request and understand the expectations of enrolling in supplemental online courses.

Student Signature (required): _____ Date: _____

Parent/guardian signature required for students under 18 years old.

Parent/guardian Signature: _____ Print name and relationship: _____

SECTION II: Supplemental Course Registration to be completed by the supplemental online course provider.

Program Name: _____ Phone Number: _____ Fax Number: _____

Online Learning Program Coordinator: _____ E-mail address: _____

Online Learning Program Mailing Address: _____ City, State, ZIP code: _____

Enrolling School: _____ District Number: _____ District Type: _____ Site Number: _____

Enrolling school Phone Number: _____ Enrolling School Fax Number: _____

Enrolling School Contact Person or Counselor: _____ E-mail address: _____

Enrolling School Mailing Address: _____ City, State, ZIP code: _____

OLL proposed plan for: Student name: _____ Student MARSS Number: _____

Online Courses (courses may not exceed 50 percent of student's full schedule unless agreed to)	Credit Recovery	Start Date	Sem./Tri./Qtr.	Credits	Proposed completion date	*Meets enrolling district's graduation requirements. Please Enter X and initial.
1.	1.	1.	1.	1.	1.	1.
2.	2.	2.	2.	2.	2.	2.
3.	3.	3.	3.	3.	3.	3.
4.	4.	4.	4.	4.	4.	4.
5.	5.	5.	5.	5.	5.	5.
6.	6.	6.	6.	6.	6.	6.

To be completed by the enrolling district:**Enter X for one of the following:**☐ This coursework will substitute for other course work in the enrolling district and will be funded by the normal funding formula for online learning.☐ This coursework will substitute for other course work in the enrolling district and will be funded by a contractual agreement with the enrolling district.☐ This coursework is being taken **in addition** to the regular district course work and the tuition will be paid by the student.☐ This is a private, non-resident or homeschool student and will pay tuition for which they will be billed.☐ This is an extended time course to support students who at risk for not grade progressing in the enrolling district and will be funded based on Minnesota Statutes, section 124D.68.**Enter X or check all that apply:**☐ Enrolling district waives the 15 day deadline for enrollment.☐ Enrolling district waives 50% online learning credit limit.**Enter X or check if it applies:**☐ The student has an active IEP on file. If student has an active IEP please provide the following information:

Special Education Case Manager Name: _____ E-mail address: _____ Phone Number: _____

☐ The student is receiving ELL services.☐ The student qualifies as homeless/highly mobile.***I have shared the online learning course(s) syllabus with the enrolling district contact person.***

Signature of OLL provider contact person: _____

Print name and title: _____ Date: _____

Please submit to enrolling district contact person***I have reviewed the course syllabus and the course(s) checked meet the enrolling district's graduation requirements.***

Signature of enrolling district online learning contact person: _____

Print name and title: _____ Date notification received: _____

Date signed and returned to OLL Provider: _____

Schedule changes may not be made after the midpoint of enrolling district's term unless waived by both schools.**Attention: Upon completion submit this form to the online learning provider in section II.**

Minnesota Virtual Academy

Student Enrollment Form

Student Last Name: _____ First: _____

Middle: _____ Date of Birth _____

Current Age ____ ☐ Male ☐ Female Grade _____

Is the student Hispanic/Latino? ☐ Y ☐ N

Is the student one or more of these races? (Check all that apply):

☐ American Indian/Alaskan Native ☐ Asian ☐ Black/African American

☐ Caucasian/White ☐ Hispanic/Latino ☐ Native Hawaiian/pacific Islander

Home Language: ☐ English ☐ Other (please list) _____

Requires ESL (English as a Second Language) Service? ☐ Y ☐ N

Does your child have an Individualized Family Service Plan (IFSP) or Individualized Education Program (IEP)? ☐ Y ☐ N

Is your child receiving any services (early childhood special education, speech, Occupational Therapy, etc) through Birth -3 programming or Help Me Grow Program? Y Y ☐ N

If yes, please specify which services: _____

Is your child receiving any services (Speech, Occupational Therapy, Physical Therapy, etc) through a clinic or hospital? ☐ Y ☐ N

If yes, please specify which services: _____

Does the student receive Special Education Services? ☐ Y ☐ N

If yes, please specify which services: _____

PARENT/GUARDIAN SIGNATURES ARE REQUIRED

Parent/Guardian Signature (please type)



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MNVA Event Permission Form: School Year 2025-2026

The following student has my permission to attend Minnesota Virtual Academy sponsored outings and events for the 2025-2026 school year:

Student Name: _____

When warranted, I entrust my child to the care of the MNVA teacher(s) sponsoring the event. Whenever my child is left in the care of an MNVA staff member, I agree to leave emergency contact information at the time of each outing.

Illness, Injury & Insurance:

In case a student is ill or injured at a site or activity, MNVA staff shall have the authority to take appropriate action to provide immediate medical care and/or ambulance service. Every reasonable effort will be made to contact the parents to obtain their approval prior to a decision to transport a student to a doctor's office or hospital emergency room. However, unless the parent is able to come to the site immediately to attend to the child personally, MNVA staff shall have the authority to decide on a course of action and notify the parents as soon as possible.

Financial responsibility for hospital and medical care and/or ambulance service shall be assumed by the parents. Parents will be asked to provide MNVA staff with a telephone number to be used in case of an emergency. This should be the number of a close relative or the number of the parent's place of employment. The name of the family physician and choice of hospital should also be recorded.

Medical Conditions:

Does your child have any special medical conditions: drug or food allergies, diabetes, etc.? If yes, please explain the special medical conditions.

No: _____ Yes: _____ Explain: _____

Emergency Contacts:

Name _____ Relationship _____ Number _____

Name _____ Relationship _____ Number _____

Photos and videos may be taken the events. By allowing your student to attend the event, you consent to the use of photos and videos of your student, including for marketing purposes. Anyone attending the event with a student also consents to use of photos and videos of them, including for marketing purpose

Signature of Parent/Guardian: _____

Date _____

Please return the signed document to gblum@mnva.org