



Rolla Public Schools Virtual Learning Application

In compliance with Section 161.670, RSMo, Rolla Public Schools allows students to access virtual learning opportunities when it is in the best educational interest of the student. The district's preferred provider for virtual learning is the MOCAP approved LAUNCH program (<https://launchpad.fueledbylaunch.com/>). Please note the following parameters:

- 1) The student must be enrolled in Rolla Public Schools as a full-time student. Additionally, the student must have been enrolled in a public school as a full-time student the semester prior to accessing virtual coursework. Students must meet and maintain all pertinent residency requirements of the district. Virtual enrollment will only occur within the registration windows set by LAUNCH each Fall and Spring semester (enrollment closes 5 days into any given semester).
- 2) Acceptance into the virtual program for students with an IEP or 504 will depend on the decision of the IEP or 504 team, as they determine the best educational placement for the individual student.
- 3) Student performance will be reviewed each semester, and any D's or F's may result in the student being removed from the virtual learning program. If a student is removed due to lack of progress during the semester, it may result in loss of credit (if a suitable seated class is not available).
- 4) Virtual enrollment will be limited to 2 courses during the initial semester. Upon successful completion of the 2 courses, the student may request to increase the limit as they move forward. This limit may be waived for health reasons or other individual circumstances if it is deemed to be in the best educational interest of the student.*
- 5) Students must have access to their own technology resources to participate in a virtual course.
- 6) Students may enroll and withdraw from courses in accordance with district policy.

Signing below indicates that you have read and understand the parameters of the Rolla Public Schools Virtual Learning program.

Student Name: _____

Signature: _____

Parent Name: _____

Signature: _____

Student Name: _____ Current Grade: _____ Date: _____

IEP: YES ___ NO ___ 504 Plan: YES ___ NO ___

List the desired LAUNCH courses below (limit 2 per semester for first time participants)*

Semester One

- 1. _____
- 2. _____
- 3. _____
- 4. _____
- 5. _____
- 6. _____

Semester Two

- 1. _____
- 2. _____
- 3. _____
- 4. _____
- 5. _____
- 6. _____

*If you are requesting more than 2 virtual courses for initial placement, please attach documentation as to why this would be in the best educational interest of the student (i.e. health diagnosis, written explanation of circumstances, etc.)

PLEASE RETURN THIS FORM TO THE STUDENT’S COUNSELOR.

OFFICE USE ONLY

This request has been: Approved ___ Denied ___ by the Building Placement Committee.

Comments: