



# Centennial Online Course Request

**Student Name:** \_\_\_\_\_

**Grad Year:** \_\_\_\_\_

**Counselor Name:** \_\_\_\_\_

**Grade:** \_\_\_\_\_

**Student Email:** \_\_\_\_\_

**Parent Email:** \_\_\_\_\_

**Check all that apply to student requesting course:**     Free/Reduced Lunch     504     ESOL     IEP     TAG

| Selected Online Provider  | Name of Course | Section of the Course:                       | Semester:                         |
|---|----------------|--|-----------------------------------|
| <input type="checkbox"/> Fulton Virtual School (FVS)<br><a href="https://fulton.geniussis.com/">https://fulton.geniussis.com/</a> |                | <input type="checkbox"/> A/Sem 1 Content     | <input type="checkbox"/> Fall     |
| <input type="checkbox"/> Georgia Virtual School (GAVS)<br><a href="http://www.gavirtuallschool.org">www.gavirtuallschool.org</a>  |                | <input type="checkbox"/> B/Sem 2 Content     | <input type="checkbox"/> Spring   |
|   |                | <input type="checkbox"/> AB/Yearlong Content | <input type="checkbox"/> Yearlong |
|   |                |  | <input type="checkbox"/> Summer   |

**When Course Will be Taken and Scheduled**

- As a class in my schedule during the regular school day** (if selected, choose one of the options below)
- Will complete in CHS computer lab as a scheduled period during the school day (**Complete Section A** on the back)
  - Will complete from home/off-campus (**Complete Section B** on the back)
- As an additional class beyond my 6 classes scheduled during the regular school day** (**Complete Section C** on the back)
- Over the Summer** (**Complete Section C** on the back)

Counseling Office Use Only:     **APPROVED**     **DENIED**    Counselor Initial: \_\_\_\_\_    Date: \_\_\_\_\_  
 \*Go online to register for the course    (see counselor notes)

**Before any online course will be approved, BOTH SIDES OF THIS FORM MUST BE COMPLETED by the student and parent.**

|   | Student Initial | Parent Initial |
|---|-----------------|----------------|
| In accordance with Fulton County Board Policy, I understand all requests to add or drop an online course must be made within the first 10 days of the semester. <ul style="list-style-type: none"> <li>• Students are not permitted to drop a yearlong face-to-face class at the end of semester 1 in order to take the class online for semester 2.</li> </ul>   |                 |                |
| I understand that grades for ALL online courses students are enrolled in after the 10th day of the semester will be posted on the student's official Centennial transcript (both passing and failing). <ul style="list-style-type: none"> <li>• All attempted online courses and grades will be recorded onto the student's transcript and factored into the overall GPA.</li> </ul>  |                 |                |
| I understand that online classes are just as rigorous, if not more so, than face-to-face classes.   |                 |                |
| I understand that online classes require students to spend at least 1 hour per day on coursework for each online class.   |                 |                |
| I understand that online courses require me to be self-directed, self-disciplined, and to work independently in order for me to be successful in the class. <ul style="list-style-type: none"> <li>• I understand that the student is responsible for following and keeping up with the online course syllabus, as provided by the online teacher</li> </ul>  |                 |                |
| I understand that online courses are taken externally and not part of Centennial High School. <ul style="list-style-type: none"> <li>• All concerns and issues should be addressed directly with the teacher of the online course.</li> <li>• Questions about progress grades, class assignments, and final exams should be directed to the teacher of the online course. Centennial does not have access to this information.</li> <li>• Phone and email contact information for online teachers are available via the student's online class portal.</li> </ul> |                 |                |
| I understand that online class teachers and providers use email to communicate with students and parents.   |                 |                |
| I understand that End of Course tests will be required for any courses that have a corresponding EOC test in Fulton County. <ul style="list-style-type: none"> <li>• It is my responsibility to ensure that I, the student, take the appropriate test(s) at the appropriate time(s).</li> <li>• Standardized testing (if applicable) must be taken at the student's home school.</li> </ul>   |                 |                |
| I understand that it is my responsibility to verify that the college/university the student wants to attend after high school graduation and/or the NCAA will accept the online course from Fulton Virtual or Georgia Virtual School before the student enrolls in the course.  |                 |                |
| I have reviewed the Virtual School provider's website and am aware of the expectations and responsibilities of taking an online course  |                 |                |

# Online Course Consent Form and Contract

| SECTION A: Taking Online Class as 1 of the 6 classes in my schedule on CHS computer lab   | Student Initial | Parent Initial |
|---|-----------------|----------------|
| <p>Students taking online courses on campus during the school day are required to work on their class in the CHS Virtual Lab (Room J-02).</p> <ul style="list-style-type: none"> <li>• Lab space is limited to 25 students per class (seats are assigned on a first come first serve basis).</li> <li>• If there is no space in the virtual lab, the student will then be required to take the class face to face.</li> </ul> |                 |                |
| <p>Attendance will be taken in the Virtual Lab every period and every day by the lab facilitator.</p> <ul style="list-style-type: none"> <li>• Students will be marked present/tardy/absent just as any other face to face class.</li> <li>• Students are expected to work on their online class during this time</li> </ul>  |                 |                |
| <p>If a student wishes to drop an online class from their schedule, this should be requested in writing by the parent/guardian within the first 10 school days of the course.</p> <ul style="list-style-type: none"> <li>• This is in accordance with Fulton County Board Policy IHA, students are expected to complete courses for which they are enrolled.</li> </ul>   |                 |                |
| <p>Students who fail an online class taken during the school day will not be approved to retake the class as an online class during the school day.</p>   |                 |                |

| SECTION B: Taking Online Class as 1 of the 6 classes in my schedule off-campus/from home   | Student Initial | Parent Initial |
|--|-----------------|----------------|
| <p>Students taking online courses off campus will be scheduled for these classes during either 1<sup>st</sup> or 6<sup>th</sup> period.</p> <ul style="list-style-type: none"> <li>• With parent/guardian permission, student may arrive at a later time or leave at an earlier time than the typical arrival and dismissal times of the school.</li> <li>• It is the responsibility of the student and his/her parents or guardians to provide transportation and to arrange timely pick up from and drop off for school.</li> </ul>  |                 |                |
| <p>Students being dropped off after the start of the school day must report to their class on time. No excused absences will be given for arriving to school late.</p> <ul style="list-style-type: none"> <li>• Students must follow all school check in and check out procedures.</li> <li>• Students are not permitted to loiter on campus during these respective periods and may face disciplinary consequences for loitering. Ex: if a student is taking an online class off campus 6th period, the student should leave campus at the end of 5th period. If a student is taking an online class off campus in 1st period, he/she should arrive to school in time for 2nd period to start.</li> </ul> |                 |                |
| <p>As provided by Fulton County Board Policy IHA, students are expected to complete courses for which they are enrolled. If a student wishes to drop an online class from their schedule, this should be requested in writing by the parent/guardian within the first 10 school days of the course.</p>  |                 |                |
| <p>Students who fail an online class taken during the school day will not be approved to retake the class as an online class during the school day.</p>  |                 |                |

| SECTION C: Taking Online Class as an additional class beyond the regular school day or over the summer   | Student Initial | Parent Initial |
|--|-----------------|----------------|
| <p>Students taking online courses off campus and outside of the school day will appear on their schedule as 12<sup>th</sup> period or as a summer course.</p> <ul style="list-style-type: none"> <li>• Parent/Guardians are responsible for the cost of the requested course(s)</li> <li>• Online courses being taken beyond the regular school day may be requested through the online course registration deadline.</li> </ul> |                 |                |
| <p>Students who wish to drop an online class scheduled for 12<sup>th</sup> period or as a summer course may do so during the first 13 days of the session start date (first 3 days of summer session).</p> <ul style="list-style-type: none"> <li>• To get a refund the student must withdraw from the course while eligible for a refund (see provider website for dates/processing fees may apply).</li> </ul>                 |                 |                |

***My signature below indicates I am releasing Fulton County Schools of any responsibility for the student choosing to participate in online classes off campus. I have read and agree to the conditions set forth by Centennial HS and Fulton County Schools.***

**Student Signature:** \_\_\_\_\_

**Date:** \_\_\_/\_\_\_/\_\_\_

**Parent Signature:** \_\_\_\_\_

**Date:** \_\_\_/\_\_\_/\_\_\_

**Counselor Signature:** \_\_\_\_\_

**Date:** \_\_\_/\_\_\_/\_\_\_

**COMPLETE & TURN IN TO THE COUNSELING OFFICE**  
***You will be notified by counseling if your request has been approved/denied.***