**OTSD Blended Learning Center Registration Form 2017-18**

**Enrollment Process:**

* Students must take a minimum of 4-6 online courses each semester to be considered a full time student in the Blended Learning Program; part time students take 1-3 courses.
* Enrollment must be completed through the counseling department.

SHS Alpha Assignment for Counselors**:**

* A-E                       Joe Polamalu 503-668-8011 ext. 7123 joe.polamalu@ortrail.k12.or.us
* F-L                      Seth McCracken 503-668-8011 ext. 7115 seth.mccracken@ortrail.k12.or.us
* M-R              Steffanie Amos 503-668-8911 ext. 7132 steffanie.amos@ortrail.k12.or.us
* S-Z                                     Cathy Callaway 503-668-8011 ext. 7208 cathy.callaway@ortrail.k12.or.us
* Blended Learning Christy Lucus 503-668-3456 ext. 6706 christy.lucus@ortrail.k12.or.us

Middle School Enrollment: Christy Lucus 503-668-3456 ext. 6706 christy.lucus@ortrail.k12.or.us

* Students may elect to take individual courses at their neighborhood school; such as PE, band, choir, and other electives.
* Application for the Blended Learning Program is completed by the parent. The parent then arranges for a meeting with the appropriate Counselor to complete the registration process for Blended Learning courses. If the program is full, the student will

**Academic Expectations – Please INITIAL:**

\_\_\_\_\_\_\_ Students must complete 80% of their coursework to continue in the Blended Learning Program each semester.

\_\_\_\_\_\_\_To be eligible for athletics and activity participation, students must meet OSAA expectations and be a student in good standing.

\_\_\_\_\_\_\_ Courses will be awarded a letter grade A-F. All incomplete courses will be graded as an F grade.

\_\_\_\_\_\_\_Final exams will be taken at Blended Learning Center. Students will arrange day and time with the Blended Learning Office Specialist. Hours for testing are Monday-Thursday 7:00 AM-3 PM. The student must be available on the day and time arranged unless arrangement is made in advance with the Office Specialist to reschedule the appointment.

\_\_\_\_\_\_\_State testing requirements must be completed at BLC within the state allotted timeline. Students who fail to appear for state testing requirements will have access to coursework restricted until testing is complete.

\_\_\_\_\_\_\_Students must have computer and internet access available daily to maintain online program attendance.

\_\_\_\_\_\_\_Students who fail to log in for 10 or more consecutiveschool days will be withdrawn for non-attendance.

\_\_\_\_\_\_\_To be successful in Blended Learning courses, a student’s reading level must be at grade level.

\_\_\_\_\_\_\_The Blended Learning Lab is available for drop in use 7 AM-3 PM Monday –Thursday. Students may be excused from lab if not completing course work when present. Students must remain quiet and respectful of others to attend.

\_\_\_\_\_\_\_Transportation to and from Blended Learning is the responsibility of the parents/students.

\_\_\_\_\_\_\_Students are expected to maintain regular progress in coursework. Students who do not maintain progress requirements may be dropped from the program or be ineligible to continue the following semester.

\_\_\_\_\_\_\_ Students may be periodically requested to attend progress meetings or regular check-in’s regarding progress, grades, or graduation requirements.

By signing below, the student and parent acknowledge the expectations and requirements above.

 Student\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date\_\_\_\_\_\_\_\_\_ Parent/guardian\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date\_\_\_\_\_\_\_\_

(for BLC office use) STATUS: □ Accepted Orientation completed: \_\_\_\_\_\_\_\_\_\_

 □Waitlist Anticipated entry: \_\_\_\_\_\_\_\_\_\_

**Student: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Previous School: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Grade: \_\_\_\_\_\_\_\_ ID#\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Email:**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Phone:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Programs: mark all that apply:**

 □ Talented and Gifted □Special Education □English as a Second Language □504 Plan □Individualized Health Plan

**Enrolling Parent Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

 **Email:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Secondary Phone/Contact:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Any special circumstances/needs?** Y/N (Please discuss with counselor)