

D3 My Way Elementary Student Application 2019-2020

Please answer the following questions thoughtfully and thoroughly for enrollment in the D3 My Way online blended learning program. Applications must be returned to your school counselor. Upon counselor approval your application will be forwarded to D3 My Way, and you will be notified of your child's enrollment status in the D3 My Way program.

Student name: _____ School: _____ Grade: _____

Parent name: _____ Parent phone: _____

Parent email: _____

1. Explain why you are interested in enrolling your child in the D3 My Way program:

2. Describe any school related struggles your child has experienced in the past year:

3. What challenges do you expect your child to encounter in an online blended learning environment:

4. Describe your (or another adult's) availability to support your child's online learning:

Parent/Guardian Acknowledgement of Program Expectations

Write “yes” or “no” next to the statements below acknowledging your understanding of program expectations. Please provide explanations for any statements to which your response is “no.”

_____ 1. My student has consistent and reliable access to a computer and internet service.

_____ 2. I have reliable transportation available for my student to attend D3 My Way Connection Days at the SA Wilson building. I understand my child will be required to attend extra tutoring sessions if they are not adequately progressing in online classes.

_____ 3. I understand my student may be required to attend D3 My Way to complete quizzes or tests.

_____ 4. I understand testing such as CMAS, PARCC, PSAT and SAT are required by the State of Colorado. My student will attend all testing sessions as scheduled.

_____ 5. I understand that students are expected to follow WSD3 rules and expectations while at the SA Wilson center especially those regarding student dress code, behavior, and use of all electronics.

_____ 6. I understand consistent communication with teachers is required whether in person, through phone, or email. I will check email a minimum of two times per week.

_____ 7. I understand that taking information from sources on the internet and using it as one's own constitutes plagiarism and will not be tolerated in the D3 My Way program. My student's work must be their own and proper credit must be given to outside sources.

_____ 8. I understand that if my student does not meet D3 My Way program requirements they will be asked to return to their home school.

_____ 9. I understand that my student is expected to login and work for a minimum of 15 minutes per class for part time students (1-3 classes) and an hour per day for full time students (4 or more classes). I acknowledge that my student will most likely need to spend more than the minimum required time to be successful.

_____ 10. I understand a parent account will be created for me and login information for that account will be given to me at my student's D3 My Way orientation. I agree to log into my parent account and check on my student's progress a minimum of once per week.

_____ 11. I understand that elementary students require adult support in order to be successful in an online learning environment. My schedule allows for me or another adult to actively support my student's online learning.

Other Student Information:

1. Does your child have any significant health issues? ☐ Yes ☐ No

If yes, what is the student's health issue: _____

2. Does your student have an active IEP? ☐ Yes ☐ No

If yes, what is the student's primary disability: _____

3. Is your student on an active 504 plan? ☐ Yes ☐ No

If yes, what is student's primary disability: _____

Please sign and date in the space provided to acknowledge that you have read and understand the student and parent expectations of the D3 My Way program. By signing, you further commit to collaborate with D3 My Way staff and to support your student's online learning to provide the best possibility of his/her success in the D3 My Way program.

Parent/Guardian's Printed Name _____

Parent/Guardian's Signature _____ Date _____