

D3 My Way MS Student Application 2020-2021

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 enrollment status in the D3 My Way program.

Student name: _____ School: _____ Grade: _____

Parent name: _____ Parent email: _____

Student phone: _____ Parent phone: _____

1. Explain why you are interested in enrolling in the D3 My Way online blended learning program:

2. Describe any school related struggles you have experienced in the past year:

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

4. Please describe your ability to work independently on your schoolwork:

5. Describe why you believe D3 My Way is a good fit for you:

Student Understanding of D3 My Way Expectations

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

- _____ 1. I have consistent and reliable access to a computer and internet service.
- _____ 2. I have reliable transportation available to attend D3 My Way Connection Days at the S.A. Wilson building and extra tutoring sessions when necessary. I understand that I will be required to attend extra tutoring sessions if I am not sufficiently progressing in online classes.
- _____ 3. I understand I 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. I 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 can work independently. I can set up my own work schedule and complete my studies without having to be told by someone.
- _____ 7. I understand consistent communication with teachers is required, whether in person, through phone, or email.
- _____ 8. I understand that in order to participate in extracurricular activities I must maintain adequate academic performance to comply with CHSAA requirements.
- _____ 9. I understand that taking information from sources on the internet and using it as my own constitutes plagiarism and will not be tolerated in the D3 My Way program. My work must be my own and proper credit must be given to outside sources.
- _____ 10. I understand that my participation in the D3 My Way program will depend on my ability to make successful progress in my courses within the timelines provided in the program.
- _____ 11. I understand that I am expected to login and work for a minimum of 15 minutes per class per day for part time students (1-3 classes) and an hour a day for full time students (4 or more classes). I acknowledge that I will most likely need to spend more than the minimum required time to be successful.

Please sign your name in the space below to indicate that you have read and understand the expectations listed above and will do your best to meet the expectations should you be accepted into the D3 My Way program.

Student's Signature _____ Date: _____

Parent/Guardian Information and Acknowledgement of D3 My Way Program Expectations

Student Information:

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

If yes, please list: _____

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

If yes, what is the primary disability? _____

3. Does your student have an active 504? ☐ Yes ☐ No

If yes, what is the primary disability? _____

4. Does your student have an ALP? ☐ Yes ☐ No

Parent Expectations:

_____ 1. 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.

_____ 2. I understand that email is the primary source of communication with D3 My Way staff and I will check email a minimum of two times per week.

_____ 3. I understand that if my student does not meet D3 My Way program requirements, they will be asked to return to their home school.

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 learning environment to provide the best chance of his/her success in the D3 My Way program.

Parent/Guardian's Signature _____ Date _____