



## iOKCPS Online Course Enrollment Application

STUDENT INFORMATION:						
Student Name:				Date of Birth:		
	Last Name	First Name	Middle Name			
Current School:			Last Grade Completed:		Current Grade:	
Student ID #:			Gender:	<input type="checkbox"/> Male	<input type="checkbox"/> Female	
Home Address:						
	Street Address		City	State	Zip	
Home Phone:	( )	Cell Phone:	( )			
Parent email:						
Student email:						
<p><b>NOTE: Many online courses DO NOT satisfy NCAA student-athlete requirements. See your counselor if you have any questions about NCAA eligibility.</b></p> <p>Student Initials: _____ Parent Initials: _____</p>						
<p>Do you have reliable access to a computer and the Internet in your home? <input type="checkbox"/> yes <input type="checkbox"/> no</p> <p>If no, where will you access the Internet to complete this course?</p> <p><input type="checkbox"/> Library    <input type="checkbox"/> Relative    <input type="checkbox"/> School    <input type="checkbox"/> Other (explain): _____</p> <p>Student Initials: _____ Parent Initials: _____</p>						
<p>Do you agree to the following rules/expectations for OKCPS students?</p> <ul style="list-style-type: none"> <li>• Students must abide by all policies identified in the <i>OKCPS Student Code of Conduct</i>.</li> <li>• Students must communicate regularly with the counselor, iOKCPS office, and online teachers.</li> <li>• Students that withdraw from an online course after 15 days will receive a grade of F on his/her transcript for the course. (State Law 70.O.S.)</li> </ul>						
_____ Student's Signature				_____ Date		
_____ Parent's Signature				_____ Date		



## LEARNING COACH INFORMATION

Name:				
	Last Name	First Name	Middle Initial	
Learning Coach email:				
Home Phone:	( )	Cell Phone:	( )	
Home Address:				
	Street Address	City	State	Zip
Learning Coach Expectations:	Read the following Learning Coach expectations, and initial next to each to signal agreement.			
	<input type="checkbox"/>	I understand it is my responsibility to communicate with course teachers on a regular basis. I will respond to all correspondence from school staff, iOKCPS office, and online teachers in a timely manner.		
	<input type="checkbox"/>	I understand that I am responsible for checking my email and webmail regularly.		
	<input type="checkbox"/>	I understand that I am responsible for monitoring the progress of the student towards completion of supplemental online courses.		
	<input type="checkbox"/>	I understand that I am responsible for reviewing student assignments and, in some cases, verifying completion.		
	<input type="checkbox"/>	I understand that I am responsible for providing the necessary supplies for online classes and ensuring the student has access to a computer and the internet <b>for at least one hour/day</b> .		
	<input type="checkbox"/>	I understand that I am responsible for reporting any issues (access, technical, etc.) to the appropriate OKCPS staff in a timely manner.		
<input type="checkbox"/>	I understand that if my child withdraws/drops out of the course after 15 days he/she will receive a grade of F on his/her transcript for the course. (State Law 70.O.S.)			
Learning Coach Signature:				
	Learning Coach Signature			Date



## ACADEMIC HONESTY AGREEMENT

Students enrolled in iOKCPS must commit to academic honesty and never engage in any academically dishonest acts. Academic dishonesty is defined as cheating of any kind, including misrepresenting one's own work, taking credit for the work of others without crediting them and without appropriate authorization, and the fabrication of information. Violation of this agreement is grounds for termination of enrollment in iOKCPS.

I, \_\_\_\_\_, agree that during my time with Virtual School WILL NOT partake or engage in any of the following:

1. Using any materials that are not authorized by the instructor for use during an examination.
2. Copying from another student's examination.
3. Collaborating during an examination with any other person by giving or receiving information without specific permission of the instructor.
4. Stealing, buying, or otherwise obtaining information about an unadministered examination.
5. Collaborating on laboratory work, take-home examinations, homework, or other assigned work when instructed to work independently.
6. Substituting for another person or permitting any other person to substitute for oneself to take an examination.
7. Submitting as one's own any theme, report, term paper, essay, computer program, other written work, speech, painting, drawing, sculpture, or other art work prepared totally or in part by another.
8. Submitting, without specific permission of the instructor, work that has been previously offered for credit in another course.
9. Plagiarizing, that is, the offering as one's own work the words, ideas, or arguments of another person without appropriate attribution by quotation, reference, or footnote. Plagiarism occurs either when the words of another are reproduced without acknowledgement or when the ideas or arguments of another are paraphrased in such a way as to lead the reader to believe that they originated with the writer. It is the responsibility of all students to understand the methods of proper attribution and to apply those principles in all materials submitted.
10. Sabotaging of another student's work.
11. Committing any willful act of dishonesty that interferes with the operation of the academic process.
12. Facilitating or aiding in any act of academic dishonesty.

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

\_\_\_\_\_  
**Date**

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

\_\_\_\_\_  
**Date**



## COMPLETED BY SCHOOL COUNSELOR

FUEL Education provides a wide range of courses that meet requirements for Oklahoma City Public Schools. There are several academic levels of courses designed to meet the needs of individual students:

ACADEMIC LEVEL	DESCRIPTION
<b>Comprehensive</b>	Students will do more extensive writing and research projects and tackle problems that require more analytical thinking.
<b>Honors</b>	Students are held to a greater degree of accountability with greater independence and self-discipline. Students are asked to synthesize and evaluate information and concepts from multiple sources and read texts typically assigned in college-level courses.
<b>AP</b>	Courses that specifically follow curriculum specified by the College Board. Designed to prepare students for success on AP exams and earn credit at most colleges/universities. These courses include a companion AP Exam Review course that provides practice for multiple choice exams and essay writing.
<b>Credit Recovery</b>	Courses that are tailored for students who need extra help in mastering content by using simplified explanations, interactive lessons, narrated audio clips, and vocabulary links. The student should have a basic understanding of the concepts and skills in this course.

## COURSE SELECTION

COURSE TITLE	ACADEMIC LEVEL	REASON FOR ENROLLMENT
Course 1:	<input type="checkbox"/> Comprehensive <input type="checkbox"/> Honors <input type="checkbox"/> Credit Recovery <input type="checkbox"/> AP	<input type="checkbox"/> Credit Recovery <input type="checkbox"/> Supplemental
Course 2:	<input type="checkbox"/> Comprehensive <input type="checkbox"/> Honors <input type="checkbox"/> Credit Recovery <input type="checkbox"/> AP	<input type="checkbox"/> Credit Recovery <input type="checkbox"/> Supplemental

Each online course could take up to 90 hours to complete depending on academic level. In most cases, enrollment should be limited to one course. This student has satisfactorily completed the prerequisite course(s) and enrollment in this course does not violate the District’s concurrent enrollment guidelines, practices, and policies.

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

\_\_\_\_\_  
**Date**



## STATE OF OKLAHOMA STANDARD FORM CONSENT FOR THE RELEASE OF CONFIDENTIAL INFORMATION

I understand that these records are protected under federal and State confidentiality regulations and cannot be released without written consent unless otherwise provided for in the regulations. Federal regulations prohibit further disclosure of the records without specific written consent, or as otherwise permitted by such regulation. I also understand I may revoke this consent in writing at any time unless action has already been taken based upon this consent and in any event this consent expires one year from the date of signature.

AUTHORIZING PERSON --  CHILD  PARENT  GUARDIAN  LEGAL CUSTODIAN  OTHER

request that information concerning: \_\_\_\_\_

NAME OF CHILD \_\_\_\_\_

DATE OF BIRTH \_\_\_\_\_

SSN \_\_\_\_\_

OKLAHOMA CITY PUBLIC SCHOOLS

to be released and authorize \_\_\_\_\_

NAME OF PERSON OR AGENCY RELEASING INFORMATION

900 N Klien, Oklahoma City, OK 73106

ADDRESS OF PERSON OR AGENCY RELEASING INFORMATION: INCLUDE STREET ADDRESS/P.O. BOX, CITY, STATE AND ZIP

to release to: Fuel Education

Ok State Dept. of Education

NAME/AGENCY

NAME/AGENCY

NAME/AGENCY

1156 S. Douglass Blvd.

2500 N. Lincoln Blvd

ADDRESS

ADDRESS

ADDRESS

Midwest City, OK 73130

Oklahoma City, OK 73105

CITY, STATE, ZIP

CITY, STATE, ZIP

CITY, STATE, ZIP

the following information: Participation in Supplemental online courses.

KIND AND/OR EXTENT OF INFORMATION TO BE RELEASED

for the following purpose(s): \_\_\_\_\_

If the records to be disclosed are education records (which may include discipline records), they are maintained and released in accordance with the Family Educational Rights and Privacy Act (FERPA). Parents or eligible students shall be provided a copy of the records to be disclosed if requested. Redislosure, except as provided at 34 CFR § 99.31, requires prior consent of parents or eligible students.

**THE INFORMATION I AUTHORIZE FOR RELEASE MAY INCLUDE INFORMATION AND RECORDS WHICH MAY INDICATE THE PRESENCE OF A COMMUNICABLE OR NONCOMMUNICABLE DISEASE, WHICH MAY INCLUDE, BUT ARE NOT LIMITED TO, DISEASES SUCH AS HEPATITIS, SYPHILIS, GONORRHEA AND THE HUMAN IMMUNODEFICIENCY VIRUS, ALSO KNOWN AS ACQUIRED IMMUNE DEFICIENCY SYNDROME (AIDS).**

NOTARY:

(Notary)

Subscribed and sworn to me \_\_\_\_\_ 20 \_\_\_\_\_

My commission number \_\_\_\_\_

My commission expires \_\_\_\_\_ 20 \_\_\_\_\_

Notary Public  
(or Clerk or Judge)

\_\_\_\_\_  
(signature of person(s) authorizing release)

\_\_\_\_\_  
(date)



AGENCY VERIFICATION IN LIEU OF NOTARY:

\_\_\_\_\_  
(staff signature and title)

\_\_\_\_\_  
(date)



# iOKCPS Innovations K-12 Virtual Institute

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