



# 2017-2018 Learning Agreement

Website: <http://www.bholc.org> email: [bhonline@tie.net](mailto:bhonline@tie.net)  
 Phone: 605.721.4506 or 605.394.1876

School District: \_\_\_\_\_ School: \_\_\_\_\_

Are you open enrolling into this district? Yes/No If yes, include a copy of your open enrollment application with this form.

**Parent/Guardian:** Please complete this section. Take it to the school office to indicate your desire for the student(s) listed below to participate in Black Hills Online Learning Community. Enrollment must be approved by authorized district administrator.

Student Name	Student Email (Grades 9-12)	Date of Birth	Grade Level	IEP/504 circle if applicable
				IEP/504
				IEP/504
Parent/Guardian Name:		Relationship:		
Parent/Guardian Email:				
Mailing Address:				
Phone:		Student Phone (grades 9-12):		

**My signature below indicates that I agree to the following terms and conditions:**

- Y N I have a computer and high speed Internet access. Tablets are not compatible with the FuelEd/K12 platform.**
- Y N I will be a learning coach for my child and understand that active participation is required by me. I will oversee and routinely check my child's progress and will communicate with representatives of BHOLC.**
- Y N I understand that lack of adequate progress can result in my child being removed from BHOLC.**
- Y N I have received and reviewed a copy of the BHOLC handbook.**
- Y N I know that student in grades 3-8 and 11 must report to their school for state mandated testing in the spring.**

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

**School District Administrator:** Please complete this section. Doing so indicates approval for the student(s) listed above to participate in BHOLC. This includes acknowledgement that the student(s) listed above are registered in the school district as full time students for whom the school is held accountable in all capacities, including cost, of this program.

Name:	Phone:
Title:	Fax:
Signature: _____	Date: _____

**Special Education Administrator:** *(Required only for students receiving special education services.)* Please complete the section below to indicate your approval for the applicable student(s) listed above to participate in BHOLC and acknowledgement that the school remains responsible for providing special education services.

Name:	Title:
Signature: _____	Date: _____

**School Personnel:** Upon approval, please register student in SDVS and email a copy to [cgodfrey@tie.net](mailto:cgodfrey@tie.net)