



VIRTUAL SCHOOL LEARNING AGREEMENT



STUDENT INFORMATION			
Student's Last Name:	First Name:	Middle Name:	Date of Birth (MM/DD/YY):
Parent/Guardian First and Last Name:		Home or Cell Number:	
Home Address:		Email Address:	

The purpose of this agreement is to acknowledge acceptance of the identified roles and responsibilities for students and parents that request to enroll in DPSCD's Virtual School. Any violation of the student agreement below will result in a student being transferred out of the Virtual School and enrolled into one of the district's brick-and-mortar schools.

STUDENT SECTION	
<input type="checkbox"/> I agree to maintain a study schedule and spend at least 8 hours a week on each online course.	<input type="checkbox"/> I agree to communicate regularly with my counselor whenever I have a problem with my attendance.
<input type="checkbox"/> I agree to abide by DPSCD's Student Code of Conduct.	<input type="checkbox"/> I understand DPSCD's academic, behavioral, attendance, and technology expectations of me while attending the Virtual School. I need support in the following areas:
<input type="checkbox"/> I agree to keep up with assignments, tests and quizzes.	
<input type="checkbox"/> I agree to maintain a C or above in all my classes	
<input type="checkbox"/> I agree to communicate with my teacher regularly and whenever I have a problem.	
<input type="checkbox"/> I agree to maintain an attendance rate of at least 90% in all my classes.	

PARENT/GUARDIAN SECTION
I agree to support my child's success at the DPSCD's Virtual School by:
<input type="checkbox"/> Setting up a study space <input type="checkbox"/> Monitoring their academic, behavioral, and attendance progress <input type="checkbox"/> Helping maintain their study schedule <input type="checkbox"/> Aiding their daily attendance in all classes <input type="checkbox"/> Encouraging them to communicate with the teacher whenever there is a question or a problem <input type="checkbox"/> Refraining from interrupting the virtual classroom environment

ACKNOWLEDGEMENT AND SIGNATURES	
We acknowledge that we have reviewed this agreement together and understand our responsibilities.	
Student (signature)	Date:
Parent/Guardian (signature)	Date:

DPSCD does not discriminate on the bases of race, color, national origin, sex, sexual orientation, gender identity, disability, age, religion, height, weight, citizenship, marital or family status, military status, ancestry, genetic information, or any other legally protected category, in its educational programs and activities, including employment and admissions opportunities. Contact the Civil Rights Coordinator for more information at (313) 240-4377 or detroitk12.org/compliance.