



Full-time _____
 Part-time _____

Please specify what classes you would like to take:

Application for 2016-17

For more information visit:

- The StepAhead Online High School website at <http://www.StepAheadHS.org>.
- Determine if online learning is the right path at <http://www.StepAheadHS.com/quiz>.
- Technology recommendations at <http://www.apexlearning.com/systemrequirements/systemrecommendations.pdf>.
- You must attend a mandatory, in-person, orientation meeting in order to enroll in StepAhead. Please see the school website for more detailed information regarding dates and times.

Student name _____

Student home address _____ City _____ State _____ Zip _____

Student birthdate _____ Alternate student email _____

Student home phone _____ Student cell phone _____

Current school _____ Notification given? Yes ___ No ___ Grade _____

Parent name _____ Parent email _____

Reason for requesting StepAhead program _____

For the 2016-17 school year, I am planning to apply for PSEO (Post Secondary Education Options) Yes ___ No ___

Have you been officially identified as a person needing Special Education services? Yes ___ No ___

Statement of assurances and expectations:

- I understand that I am expected to go online at least 6 to 8 hours a week, per class, to read texts, do assignments, turn in work, discuss class topics with peers online, meet with my teacher during office hours online, and turn in all required assignments each week. If I do not logon for 15 consecutive days, I will be dropped from school.
- I understand that I must attend all required face-to-face meetings (if applicable) or make arrangements with my teachers to attend meetings, field trips, seminars, etc.
- I understand that if I do not meet the above two requirements I can be dropped from the course, and/or my transcript will reflect a no credit, withdraw, or fail for the class.
- I understand that I must communicate with my instructor, through email, about questions I have regarding how to do assignments and what I am learning.
- I will complete all work with academic honesty consistent with the Acceptable Use Policy.
- I understand that I am expected to complete the course by the end of the trimester and that if I get ill, or otherwise have complications that prohibit me from finishing.
- I understand that I must have access to a computer with Internet connection at home to complete the required online assignments. I have read the technology recommendations at the website listed above.

 Student signature (typing in your name acts as your signature)

 Date

Parent/Guardian: I (we) have read the *Note for Parents/Guardians* on the reverse side, and agree to do what is necessary to support my (our) student in the StepAhead Online High School program.

 Parent signature (typing in your name acts as your signature)

 Date

Return a hard copy to Carol Schmitz at 1353 W Highway 10, Anoka, MN 55303. A digital copy can be sent to carol.schmitz@ahschools.us

If your child qualifies for free or reduced price lunch, you may qualify for Internet Essentials. Call 1-855-8-INTERNET (1-855-846-8376) or visit InternetEssentials.com for more information.

Upon receipt of your application, if accepted, you will receive login information approximately 1 week prior to your start date.