**Park Hill School District**

**Elementary MOCAP Course Request Form**

This form is to be used for courses being requested through MOCAP. The parent/guardian should complete and submit this form along with the regular enrollment form to the school counseling office. Parents/guardians should review all policies and procedures regarding enrollment in MOCAP online courses. Selected course requests should align with the student’s Individual Academic and Career Plan (ICAP). All MOCAP students must have an ICAP on file with the school.

**Full information can be found under** [**Parent Resources/MOCAP.**](https://www.parkhill.k12.mo.us/teaching_and_learning/online_learning/missouri_course_access_program__mocap_) The district’s preferred MOCAP providers are Edgenuity and Launch, although ~~a~~lternate providers may be requested. *Please start with the below form and return to building counselor prior to beginning enrollment with any MOCAP vendor for filling out vendor form.*

|  |  |
| --- | --- |
| Student Number:  | School:  |
| Student Name: | Grade Level:  |
| Request Date: | Counselor:  |
| IEP \_\_\_\_ yes \_\_\_\_ no (Requires IEP Meeting)Case Manager Signature: | 504 \_\_\_\_ yes \_\_\_\_ no (Requires 504 Meeting)504 Coordinator Signature:  |
| Full or Part-time MOCAP Student:  | Last date attended Missouri public or charter school:  |

|  |  |  |
| --- | --- | --- |
| **Name of Course** | **Provider** | **Notes** |
| **Edgenuity** | **Launch** | **Other** |
| English Language Arts |  |  |  |  |
| Math |  |  |  |  |
| Science |  |  |  |  |
| Social Studies |  |  |  |  |
| **Select 2 Specials for Each Semester** (Place **S1 or S2** next to your options and **Alt** next to 2 alternate choices) |
| Art \_\_\_\_\_\_\_ | PE \_\_\_\_\_\_\_ |
| Music \_\_\_\_\_\_\_ | Health \_\_\_\_\_\_ |

**Parent Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_ Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Parent/Guardian Approval: \_\_\_\_ Yes \_\_\_\_ No Date: \_\_\_\_\_\_\_\_ Time: \_\_\_\_\_\_\_\_ Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Principal Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_**