

Salem High School
Application to Participate in Spartans Online Academy Courses

Student Name _____ Current Grade Level _____

Student ID _____ Student Cell Phone _____ School Counselor _____

List the courses you would like to take online: _____

In the box below, please explain why you are interested in taking courses online. Include why you prefer an online learning environment and describe the characteristics you possess that enable you to be successful in this type of setting.

If the space above is not enough room for your response, please feel free to attach a separate document.

Statement of Agreement: We commit to working in an online learning environment for the upcoming school year, understanding the school is not able to guarantee the ability to move back to traditional in-person instruction. We commit to complying with teacher expectations, to communicating regularly with school personnel, and to working hard to succeed in the online environments for which we have registered. We understand that application for online classes does not guarantee acceptance into this program and that an analysis of previous academic performance will be used by school personnel to make a determination.

Student Signature _____

Parent/Guardian Signature _____