



Festus R-VI School District MOCAP - Virtual Education Request Form

Student Name and Address: _____

School Site in which you are currently enrolled: _____ Grade: _____

Parent/Guardian Name: _____

Requested Date of Enrollment: _____

Course Title	Enrollment Length (semester/year)	Prerequisites Met (Y/N)

Parent/Guardian Signature: _____ Date: _____

Student Signature: _____ Date: _____

School Counselor Signature: _____ Date: _____

Applications must be completed and submitted prior to:
For enrollment for Fall Semester, 2019 : August 21st, 2019
For enrollment for Spring Semester 2020: January 10th, 2020

The district will monitor progress to ensure continued placement in online remains in the best educational interest of the student.

