



# Festus R-VI School District

Dr. Nicki Ruess  
Superintendent

Mr. Jonathan T. Earnhart  
Assistant Superintendent

Dr. Denise Funston  
Assistant Superintendent

## 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)

\* Full time placement requested

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Student Signature: \_\_\_\_\_ Date: \_\_\_\_\_

School Counselor Signature: \_\_\_\_\_ Date: \_\_\_\_\_

*Applications must be completed and submitted prior to:*  
For enrollment for Fall Semester, 2024: **August 23, 2024**  
For enrollment for Spring Semester, 2025: **January 10, 2025**

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

**Educating ALL Children To Meet  
Tomorrow's Challenges**

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