

## Strasburg C-3 School District K-8 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 Plan.

**Full information can be found under Parent Resources/MOCAP.** The district's preferred MOCAP provider is Launch, although alternate providers may be requested. *Please start with the below form and return to building administrator prior to beginning enrollment with any MOCAP vendor for filling out vendor form.*

Student Name:	Grade Level:
Request Date:	Approval Date:
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				
<b>Select 2 Specials for Each Semester</b> (Place <b>S1</b> or <b>S2</b> next to your options and <b>Alt</b> next to 2 alternate choices)				
Art _____				PE _____
Music _____				Health _____

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

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

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