MNOHS
MINNESOTA ONLINE HIGH SCHOOL

SMALL CLASSES
CREATIVE TEACHING
CONNECTED LEARNING

Registration Checklist for Supplemental Students – Please return all signature forms

Form that Confirms Enrollment

- ☐ Online Learning (OLL) Supplemental Notice of Student Registration (the two pages with Minnesota Department of Education logo in the upper left corner)

Documents to Read and Save

- ☐ MNOHS Handbook: https://mnohs.org/images/Files/MNOHS_Handbook.pdf

Technology requirements

1. Regular access to a relatively new computer. We strongly encourage a laptop or desktop computer with **Windows 11 or higher, or Mac OS 14 or higher**–but a Chromebook will also work
2. High-speed **internet access**
3. A **headset** with microphone

Questions?

Contact Sarah Bayrd, Enrollment Manager: studentrecords@mail.mnohs.org or 1-800-764-8166 x137.

MNOHS MINNESOTA ONLINE HIGH SCHOOL | SMALL CLASSES CREATIVE TEACHING CONNECTED LEARNING

Online Learning (OLL) Supplemental Form

Thank you for applying to MNOHS as a Supplemental student!

Students who are taking classes at more than one school are required to complete an Online Learning Agreement (OLL) form. (This is according to the Online Learning Options Statute [MS 124D.095]). The OLL form is used to provide documentation and approval of the online learning agreement between MNOHS and another school.

As a supplemental student:

- You may take up to three courses or 50% of a full course load with MNOHS.
- The number of courses you are taking from both schools cannot be greater than a full course load.
- The limits named above can be waived by your counselor, if your school allows this.

The enrollment deadlines are the very last day we will accept enrollments for each quarter. However, you should confirm your enrollment as soon as possible in case we unexpectedly reach our enrollment capacity and need to create a waiting list. Please secure your spot at MNOHS by confirming now!

Term	Term start date	Deadline (Sooner is better)
Quarter 1	September 4, 2026	September 1, 2026
Quarter 2	November 5, 2026	November 2, 2026
Quarter 3	January 28, 2027	January 20, 2027
Quarter 4	April 8, 2027	April 2, 2027

Instructions:

Please follow these steps to complete and confirm your application to MNOHS:

1. **Read the MNOHS Handbook and school policies** (information on the next page). When you sign the OLL form, you and your parent/guardian agree to follow these policies while you are enrolled in MNOHS courses.

2. **Review our course offerings.** Go to our website, under the "Courses > Course Descriptions" section: http://www.mnohs.org/courses

   Complete Section I of the "Online Learning (OLL) Supplemental" form with your parent or guardian. IMPORTANT: If you are under the age of 18, your parent or guardian MUST sign the form.

3. **Meet with your school counselor.**
    - Discuss your course selection.
    - Complete **Section II of the "Online Learning (OLL) Supplemental" form**. Everything that mentions the "enrolling school" or "enrolling district"—including the course(s) you wish to take, check boxes, and counselor signature—needs to be completed (along with your school counselor) prior to submitting for our review.

LEARNING SUPPORT AGREEMENT (LSA):

This Agreement is designed to help you understand Minnesota Online High School's expectations of students and to make your experience at MNOHS successful and satisfying. The MNOHS Handbook outlines requirements and expectations for students and for teachers; it also gives suggestions to parents/guardians about how to support their online learner.

Before completing this document, please refer to the MNOHS Handbook and school policies: https://mnohs.org/images/Files/MNOHS_Handbook.pdf.

By completing and signing the OLL form, you indicate that you have read and understand the complete contents of the MNOHS Handbook and school policies. In particular, you agree and understand that:

- I am expected to work in each course between 60 and 90 minutes each school day, or about 5-8 hours per week, and consistently submit assignments;
- Dropping courses after the drop date will likely result in a low grade (NC or possibly P) on my transcript. Colleges and employers often view a grade of W more positively than an NC as it shows I made a thoughtful choice to withdraw from a course rather than just not engaging;
- The primary means for communicating with teachers is through e-mail, Adobe Connect (virtual classroom), texting, or phone calls. I will log into my MNOHS e-mail account at least once every school day;
- I will participate in synchronous (real time) communication with teachers and staff (and sometimes with other students and guests) through the MNOHS virtual classroom, instant messaging, and other systems;

- Failure to complete orientation activities may impact my ability to successfully complete my courses;

- Course grades are posted to my official transcript at the end of each eight-week quarter;
- I am expected to act in accordance with MNOHS policies governing academic honesty, acceptable/appropriate use of MNOHS systems and technologies, attendance and other expectations of students. Please see http://www.mnohs.org/policies;
- All course software and systems provided by MNOHS are for educational use only. I will not use them for personal use;
- In certain courses, for example: art, media arts, and science, I may need to provide a fully refundable deposit for equipment or materials (or provide my own that meet course requirements) to successfully complete learning activities. If I qualify for educational benefits, I can ask for the deposit to be waived;
- MNOHS collects student "directory information" for the purpose of maintaining public records. It also includes the name, address and telephone number of the student's parent(s)/guardian(s). Directory information DOES NOT include personally identifiable data. For information, please see MNOHS Policy 515 – Pupil Record Protection;
- Parents and eligible students have the right to inspect and review the student's education records, and to request that inaccurate records be changed. They also have the right to consent to and refuse to share student information. They have the right to file a complaint with the U.S. Department of Education concerning alleged failures by the school district to comply with the federal law and regulations. They have the right to be informed about rights under the federal law; and the right to obtain a copy of policies governing student privacy.

If you have questions about any of these statements, please contact Tracy Quarnstrom, MNOHS Executive Director, at t.quarnstrom@mail.mnohs.org or 1-800-764- 8166 x103.

DEPARTMENT OF EDUCATION

ED-02400-06

Supplemental Online Course Registration Form

Definitions: A supplemental online course is an online course taken outside of the enrolling district in place of a course at the enrolling district. A K-12 public student may take up to 50% of their scheduled courses from an approved supplemental online course provider or more if the enrolling district and the online course provider agree. The enrolling district may reduce the number of courses they provide proportional to the supplemental online courses being taken. The grades, credits earned, and standards met are applied by the enrolling district to the student's regular transcript. See Minn. Stat. 124D.094 [2023].

One form per student per term is required. This form may be transcribed and used electronically for course registrations by a supplemental online course provider. All fields must be included. Districts or charter schools offering online courses to their enrolled students are not required to collect this form from their own enrolled students.

Instructions: This form is to be completed by the student with their parent/guardian at the time of course registration. It must be turned in to the supplemental online course provider on or before the 15th school day after the enrolling district's term has begun (unless there is an agreement to waive this deadline by the enrolling district and the online course provider).

Section I: To be completed by the parent/guardian and student after they have had initial meetings with the enrolling district and online learning provider. Please sign only after you have reviewed the online course and program and understand the expectations of enrolling in online learning.

Section II: To be completed by the online learning provider and enrolling district online contact person. Each school should keep a copy of this form when all signatures have been secured. The enrolling district has 15 days to review the attached course syllabus and sign and submit the form to the online learning provider.

Section 1. Information to be completed by the Student and Parent or Guardian

Student

Name (Last, First, M.I.): _____ Date of Birth:_____ Current Grade Level:_____

E-mail:_____ Mobile phone:_____ Alternate phone:_____

Address:_____ City, State ZIP code:_____

Parent 1/Guardian

Name (Last, First, M.I.):_____ Mobile phone:_____ Alternate phone:_____

Address (if different):_____City, State ZIP code: _____

E-mail:_____ Contact preference: _____Phone call _____Text ____Email

Parent 2/Guardian 2

Name (Last, First, M.I.):_____ Mobile phone:_____ Alternate phone:_____

Address (if different):_____City, State ZIP code: _____

E-mail:_____ Contact preference: _____Phone call _____Text ____Email

Online Course(s) Registration Request

Enrolling School:_____Met with (name):_____Date:_____

Term:_____Date submitted:_____More than 50% of schedule?____Yes____No

Online course name	Replaces local course name
1.	1.
2.	2.
3.	3.

I have discussed supplemental online course enrollment with my enrolling school representative indicated above. I have reviewed the online course(s) registration request and understand the expectations of enrolling in supplemental online courses.

Student Signature (required):_____ Date:_____

Parent/guardian signature required for students under 18 years old.

Parent/guardian Signature:_____Print name and relationship:_____

SECTION II: Supplemental Course Registration to be completed by the supplemental online course provider.

Program Name: Minnesota Online High School Phone Number: (800) 764-8166 Fax Number: (866) 586-2870

Online Learning Program Coordinator: Enrollment Manager Sarah Bayrd E-mail address: s.bayrd@mail.mnohs.org

Online Learning Program Mailing Address: PO Box 14385 City, State, ZIP code: Saint Paul, MN 55114

Enrolling School: District Number: District Type: Site Number:

Enrolling school Phone Number: Enrolling School Fax Number:

Enrolling School Contact Person or Counselor: E-mail address:

Enrolling School Mailing Address: City, State, ZIP code:

OLL proposed plan for: Student name: Student MARSS Number:

Online Courses **(courses may not exceed 50 percent of student's full schedule unless agreed to)**	Credit Recovery	Start Date	Sem./Tri./Qtr.	Credits	Proposed completion date	*Meets enrolling district's graduation requirements. Please Enter X and initial.
1.	1.	1.	1.	1.	1.	1.
2.	2.	2.	2.	2.	2.	2.
3.	3.	3.	3.	3.	3.	3.
4.	4.	4.	4.	4.	4.	4.
5.	5.	5.	5.	5.	5.	5.
6.	6.	6.	6.	6.	6.	6.

To be completed by the enrolling district:

Enter X for one of the following:

____This coursework will substitute for other course work in the enrolling district and will be funded by the normal funding formula for online learning.

____This coursework will substitute for other course work in the enrolling district and will be funded by a contractual agreement with the enrolling district.

____This coursework is being taken **in addition** to the regular district course work and the tuition will be paid by the student.

____This is a private, non-resident or homeschool student and will pay tuition for which they will be billed.

____This is an extended time course to support students who at risk for not grade progressing in the enrolling district and will be funded based on Minnesota Statutes, section 124D.68.

Enter X or check all that apply:

____Enrolling district waives the 15 day deadline for enrollment.

____Enrolling district waives 50% online learning credit limit.

Enter X or check if it applies:

____The student has an active IEP on file. If student has an active IEP please provide the following information:

Special Education Case Manager Name: E-mail address: Phone Number:

____The student is receiving ELL services.

____The student qualifies as homeless/highly mobile.

I have shared the online learning course(s) syllabus with the enrolling district contact person.

Signature of OLL provider contact person:

Print name and title: Date:

Please submit to enrolling district contact person

I have reviewed the course syllabus and the course(s) checked meet the enrolling district's graduation requirements.

Signature of enrolling district online learning contact person:

Print name and title: Date notification received:

Date signed and returned to OLL Provider:

Schedule changes may not be made after the midpoint of enrolling district's term unless waived by both schools.

Attention: Upon completion submit this form to the online learning provider in section II.