

**VIRTUAL COURSES**  
*(Enrollment Appeal for MOCAP and District-Sponsored Virtual Courses)*

Note: If the enrollment decision was made by the student's individualized education program (IEP) team or Section 504 team, follow the federal appeal process.

**Name of Student:** \_\_\_\_\_

**Name of Parent/Guardian:** \_\_\_\_\_

**Name of Course(s) Denied:** \_\_\_\_\_

**Provider of Course(s):** \_\_\_\_\_

By completing this form, you are requesting an appeal of the decision denying enrollment in the above-listed course(s). Please provide the reason(s) the student should be enrolled in the course(s) below and attach any additional information you believe is relevant to the decision.

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Signature of Parent/Guardian or Student

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Date

Return the completed form to the district central office.

**Note:** *The reader is encouraged to review policies and/or procedures for related information in support of this administrative area.*

FILE: IGCD-AF4  
Critical

Implemented: 06/29/2021

New Madrid Co. R-I School District, New Madrid, Missouri