### **NCVPS and CVA REGISTRATION SHEET**

### www.ncvps.org

(Student Last Name)		(First Name)		(Student ID #)
Current Grade		Anticipated (	Grade for	next year
Home Address:				<del> </del>
City				
Home Phone #:				
Parent /Guardian Cell #: _		We	ork #	
Parent /Guardian Cell #: _		We	ork #	
Email – Student:				
Email – Parent/Guardian:				
Email – Parent/Guardian:				
NCVPS/CVA Course Name			Semester or Yearlong	
1.				
2.				
3.				
4.				
CHS course that I wou	ıld like dro	opped from my re	equests:_	
BY SIGNING BELOW I AM S LISTED AND AGREE WITH CORRECT. Virtual classes w NCVPS will be used.	THE SELEC	TIONS. WE CERTIFY	THE ABO	/E INFORMATION IS
Student Signature:				Date:
Parent/Guardian Signature: _				Date:
All students interested in regis		iline classes, <u>must rea</u>	d and sign th	ne User Agreement Forn

## Cabarrus County Schools

#### **Concord High School**

481 Burrage Road, NE Concord, NC 28025 704-260-6000 704-784-3919 fax

**Dr. Adam Auerbach** *Principal* 

# NC Virtual Public School NCVPS and Cabarrus Virtual Academy User Agreement

(All students m	nust initial and sign this agreement before registering for a CVA/NCVPS course)
Student Name	: School ID#
Read and acco	ept the following terms: I will spend the time needed to complete all CVA/NCVPS assigned modules and understand I will have to work outside the school day on this course.
2.	I understand that if I do not have a C average at each CVA/NCVPS progress report period, I will no be allowed to flex in or out until I earn a C or higher on the next progress report.
3.	I will be dropped from the course and receive a <u>WF</u> if I fail to log on during the first 10 days and/or my name appears on the CVA/NCVPS Inactive Report. I will receive a grade of "F" for any course I do not complete or a grade of "WF" (Withdraw Failing) if I drop after the first day of class in Cabarrus County Schools.
4.	I will email or call the assigned CVA/NCVPS teacher anytime I have questions or need help.
5.	I have read, understand and will obey all rules and polices set forth for participation in CVA/NCVPS courses.
6.	I will take all required EOC or VOCAT examination in person at a location designated by my high school Distant Learning Advisor (DLA). I understand that EOC and VOCAT examination count as 25% of my final grade.
7.	I will earn the grade as determined by CVA/NCVPS and I understand that all grades in online courses will be recorded on my high school transcript and will be factored in my GPA/Class Rank calculation.
8.	I will do all the work myself. I understand allowing someone else to perform work for courses for which I'm registered is cheating and a violation of the Academic Integrity Policy.
9.	I will check with my ELA regarding the required books and material. I understand that if Cabarrus County Schools does not own the material and books needed for my NCVPS course. I will purchase required material, submit receipts and upon completion of the course be reimbursed for the books and materials returned to the school in good condition.
10.	Given the rigor and independent study associated with the CVA/NCVPS courses, we recommend these courses to juniors and seniors that have a grade point average of 3.0 or higher.
11.	I understand that if I take a CVA/NCVPS course and fail, I will NOT be allowed to take an online learning course the following semester, unless I am re-taking the course as a 5 <sup>th</sup> period for grade suppression. In this case, summer classes are only reserved for grade suppression purposes.
Student Signa	ature Parent Signature
have a C or highe	permission to flex during his/her online period, if this period falls 1 <sup>st</sup> or 4 <sup>th</sup> period. I understand that my student must er average at each NCVPS progress report period to continue flexing during the school year. If my student's grade is tress report time, he/she will work at school until the following progress report.

Parent Signature \_\_\_\_\_