Department of Curriculum and Instruction
Ms. Katie Kortokrax, Chief Academic Officer
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Leonardtown, MD 20650
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Original Credit Learning Course - Student Participation Agreement

Maryland Virtual Learning Opportunities (MVLO)

MVLO form submissions: OPEN August 17th 2026-May 1st, 2027 (no extensions)

Student and Parent(s)/Guardian(s) should not consider courses approved until the SMCPS Online Learning Student Participation Agreement is completed with all required information **AND** all approval signatures. Students and parent(s)/guardian(s) will be notified once the course has been approved.

Student Name	
Current Grade Level	
Student ID#	
School	
Academy student? Please Check. This will also route to the Supervisor of Academies for approval.	☐ Academy of Visual and Performing Arts (AVPA) ☐ STEM ☐ Academy of Finance (AOF) ☐ Global and International Studies (GIS) ☐ N/A
Parent Email	
Parent Phone #	
COURSE Name (see *yellow highlighted content below)	
Course VENDOR (Must be on approved list)	
Reason for Request	☐ Course Not Offered at the School ☐ Graduation Requirement and cannot fit into 4-yr credit worksheet plan ☐ Other **(please explain in notes below)**

- ***The following courses must be taken at an SMCPS high school in a traditional classroom setting to fulfill graduation requirements: Fine Arts, Physical Education, Health 1, English 9, English 10, Algebra I and II, Geometry, U.S. History, World History, American Government, Earth Science, Biology, and Physical Science.**
- All MVLO original credit courses MUST be taken through an approved vendor.
- All coursework must be completed within one calendar year of enrollment.

Notes: Please give any additional details to support the request below. Signatures are on page 2.

1. STUDENT

Student Agreement: I understand that I am responsible for maintaining a regular schedule of logging on and keeping up with the coursework. I understand that this work is done with a vendor outside of SMCPS and therefore, all of my communication is with that vendor.

_____ _____

Student Signature **Date**

2. PARENT/GUARDIAN

Parent/Guardian Agreement: I understand that I am responsible for any fees associated with my student's participation in the MVLO approved courses. I will register my student and pay in full for the approved MVLO course(s). I understand that I am responsible for submitting my student's transcripts for this course to the high school.

_____ _____

Parent/Guardian Signature **Date**

3. School Counselor and Principal Signatures

_____ _____

School Counselor Approval Signature **Date**

_____ _____

School Principal Approval Signature **Date**

4. Assessment and Accountability (Please send the completed form to **Bernadette Scheetz - bescheetz@smcps.org.**)

- ☐ Approved
- ☐ Denied

Reason for denial: _____

_____ _____

Assessment and Accountability Approval Signature **Date**

5. Curriculum and Instruction: Chief Academic Officer

- ☐ Approved
- ☐ Denied

Reason for denial: _____

_____ _____

Chief Academic Officer Approval Signature **Date**