Kohler High School
Online Course Request 2026-2027

Students must complete the following form to request permission to take an online course through Wisconsin Virtual School. **Costs of all courses taken at a nonresident school are covered by the student's family**.

The following criteria must be met prior to a student being registered for an online course through Wisconsin Virtual School

- The student must have exhausted all KHS course opportunities in the given subject area.
- The course is taken in addition to the courses required for graduation at Kohler Schools.
- The student must have earned grades of a C or above in all courses in the semesters prior to enroll in an online course.
- The student cannot exceed 4 credits from Wisconsin Virtual School courses.

The following conditions will apply during enrollment in an online course:

- The end date for all online distance learning courses will coincide with the semester end date for all onsite classes.
- Bomber Code academic rules apply.
- Students must stay on pace with their online learning course.
- Seniors must stay on pace with passing grades to stay eligible for the Opt Out.
- Students are not allowed to take a WVS lab class, unless the district has an extenuating personnel circumstance.

The cost of the course will be added to the student fees. Current cost for a WVS course is $290 per semester. Credit recovery courses are also the responsibility of the student/family at $190 per semester.

Student Name: Grade: Period:

Student Email: DOB: Phone #:

Full Course Title:

Please explain how you meet the criteria above:

I understand the criteria and conditions for taking an online course. Once registered with Wisconsin Virtual School, it is the student's responsibility to work with their WVS teacher to organize and coordinate assignment dates, time management, and other course related questions/concerns.

Student Signature: Date:

Parent Signature: Date:

Please submit this completed form to your school counselor, Ms. Wolfenberg, for approval and registration.

School Counselor: *Date:*

Principal: *Date:*

Registered by: *Date:*

06/30/2026 nrr