Horizons Center for Independent Study
Grades 1-8th
A Voluntary Virtual Learning Independent Study Program
Mt. Diablo Unified School District

Application For Enrollment

Please complete this pre-enrollment application and mail all requested items to:
Carlene Hunt, Office Manager
horizonsapplications@mdusd.org
Horizons School: Virtual Learning Program
One Santa Barbara Rd.
Pleasant Hill, CA 94523

STEP 1: Student Information

_____ _____/__/__ _____
Student Name (first) (last) Date of Birth (mm/dd/year) Grade

_____( )_____
Parent or Legal Guardian Name Home Phone Number

_____
Residence Address City Zip Code

_____ (__)_____
Email Address Cell Phone Number

_____ _____
School of Residence Current School of Attendance

Mt. Diablo offers two **Horizons' Independent Study: Virtual Learning Program** options. Please indicate the model you are requesting based on your student's and family's needs.

- **Horizons': Elementary Virtual Learning Program (Grades 1-5):** will require a commitment to supervise the student's daily virtual learning for *180 synchronous minutes* and complete assigned asynchronous work required *(approximately 180 minutes per day*)**.**

- **Horizons': Middle School Virtual Learning Program (Grades 6-8):** will require a daily commitment to plan, assign, and supervise the student's daily learning, ensuring the student participates for *135 minutes of daily synchronous instruction*, small group support, and complete assigned asynchronous work required (*approximately 165 minutes per day*).

STEP 2: Background

1. Please explain why you are applying to a **Horizons' Independent Study: Virtual Learning Program:**

- _____
  _____
  _____

- Do you believe your student's health is at risk if they return to in-person instruction?
  Please explain:_____
  _____

2. Will the student and parent/guardian have access to a computer and the Internet?
   - Yes, I have a device to access independent study
   - Yes, I have adequate connectivity to access independent study
   - No, I will need to check out a loaner device from the school
   - No, I will need to check out a hotspot for internet connectivity from the school

3. Is your student identified with a disability or have a 504 accommodation plan?

   - Yes, they have an IEP. I understand an IEP will be held prior to starting Independent Study.
     Please explain _____
     _____
   - Yes, they have a 504 Plan
     Please explain:_____
     _____
   - No

4. How did you hear about, or discover, **Horizons' Independent Study: Virtual Learning Program**?

   - Internet Search or District website
   - Another family or friend already in or previously in Horizons.
   - MDUSD attendance review recommendation
   - Other_____

STEP 3: Parent or Legal Guardian's Certification Signature

Parent/Guardian, Please sign that you have read and understand that by participating in Independent Study that you will be responsible for ensuring your student participates and engages in all required components of the program (California Law requires a minimum of four hours of instructional time, including synchronous & asynchronous instruction, per day) and that you will work with the school to ensure your student is making satisfactory educational progress.

"As Parent or Legal Guardian, I hereby certify that the information provided in this document is true and correct and all assessments were administered as per instructions."

X_____ **Date**_____
Parent or Legal Guardian Signature