

The Bromfield School
VHS Registration Form 2023-24
vhslearning.org/catalog (for course catalog)

Students must have a minimum 3.0 GPA in order to enroll in a VHS course. Bromfield has a limited number of spots for VHS courses so they first go to students according to their year of graduation (seniors get first choice, juniors second, etc.). If there are spots remaining after the registration period they will be given on a first-come, first-served basis. We will establish a wait-list when necessary.

After discussing VHS with their counselor, the student should fill out this form and email or deliver it to Mrs. Schmidt (sschmidt@psharvard.org). She will register students for their chosen course when the enrollment period commences.

Student Name: _____ Year of graduation: _____

Email Address: _____ Date of Birth: _____

Course Choices (name of course):

Please indicate whether the course is to be taken during Fall Semester, Spring Semester or Full Year.

***If you are taking an AP course you will be responsible for the exam fees.**

1. _____	Full Yr	Fall	Spring
2. _____	Full Yr	Fall	Spring
3. _____	Full Yr	Fall	Spring

The first week of each VHS class is considered to be the add/drop period. Students may add or drop a course within the first week. Add/Drop deadlines are outlined on the VHS Calendar. If a student drops a course after the VHS drop period ends **you may be charged** for the course. After two weeks, students who withdraw from a course will receive a WP (Withdraw/Pass) or WF (Withdraw/Fail) which will appear on their Bromfield Transcript.

If a student drops a course they may have to select another Bromfield School course, and may not be permitted to take a VHS course in the future. Classes run weekly from Wednesday to Tuesday. VHS courses do not necessarily follow the Harvard Public Schools calendar. When Bromfield has days off, students may be expected to work on weekly assignments.

Student signature: _____ date: _____

Parent signature: _____ date: _____

(Your signature indicates that you have read the statement above.)

Address:

Street _____ Town & Zip Code _____ Phone _____

Parent email address: _____

(After communication with the student's counselor, return this form to sschmidt@psharvard.org)

OFFICE USE ONLY:

Registered:

Enrolled in Course:



Student Contract

I, _____:

- Agree to attend and fully participate in my VHS Learning online course.
- I am aware of the following guideline for expected hours of work by level:
 - A **standard** (college preparatory) level class will require me to be actively engaged in my coursework for approximately 6 hours per week.
 - An **honors** level class will require me to be actively engaged in my coursework for approximately 8 hours per week.
 - An **AP®** level class, will require me to be actively engaged in my coursework for approximately 10 hours per week.
 - **Credit Recovery** courses will require approximately 40 hours of work for a 0.5 credit Credit Recovery course and 80 hours of work for a 1 credit Credit Recovery course.
 - A **core Flexible** course will require me to actively spend between 6-12 hours per week, depending on the start date and overall length of enrollment.
 - An **AP® Flexible** course will require me to spend between 10-20+ hours per week, depending on the start date and overall length of enrollment.
- I will inform my VHS Learning site coordinator in a timely manner if I am experiencing difficulties in my online course due to:
 - Technical difficulties with the network or computer;
 - Navigational difficulties in the course platform; or
 - Difficulties in understanding my assignments or posting my assignments.
- I will inform my VHS Learning teacher of any scheduled absences due to school or personal schedules.
- I am expected to work to the highest level of Academic Honesty. VHS Learning takes acts of plagiarism very seriously.
- I will inform my VHS Learning teacher and site coordinator of any absence due to illness or unforeseen circumstances and will make up missed work in a timely manner.
- I will use courteous language while communicating with my VHS Learning classmates and teacher.
- I will use the school network in conformance with the Acceptable Use Policy.

Signed: _____ Date: _____
(Student)

Signed: _____ Date: _____
(Parent)