



OCALA CHRISTIAN ACADEMY

Online Learning Contract

Today's Date _____

Student's Name _____ Grade _____

- Enroll in Online Learning for 1st Quarter**
- Change from Online Learning to In-School Learning**
 - Quarter 2
 - Quarter 3
 - Quarter 4
- Change from In-School Learning to Online Learning**
 - Quarter 2
 - Quarter 3
 - Quarter 4

My family agrees to adhere to the guidelines and abide by the following requirements for Online Learning through Ocala Christian Academy.

(Please initial each line if you are in agreement)

_____ Dress code	_____ Fulfillment of daily required hours
_____ Attendance policies	_____ Schoolwork deadlines
_____ Student behavior	_____ Fulfillment of 9-week contract

Parent Signature

Date

Office Use Only:

Office Assistant signature _____

- Please send a copy to building principal
- Keep original in Main Office File