



Statement of Assurances

- Please initial each statement to indicate you agree and sign the form at the bottom.
- This Statement of Assurances must be read and understood by both the student and parent.
- Enrollment will not be processed without a parent signature, unless the student is 18 or older.

_____ I have read the course description for the course I am enrolling in.

_____ I have read, understand, and agree to comply with all aspects of the **Acceptable Use Policy**. I understand that if I violate the terms of this policy, I may be subject to discipline which, depending on the severity of the violation, may include immediate withdrawal from the VITAL program.

_____ I have read, understand, and agree to abide by the **Academic Integrity Policy**.

_____ I understand that for each online course there are a minimum number of assignments that must be completed each week. Failure to submit these assignments can result in my removal from the course and may result in a failing grade being assigned to my academic transcript. I understand that if this course is required for graduation it may adversely affect my GPA and graduation status. (**Attendance Policy**)

_____ I acknowledge that during the first 14 days of being activated into my course I may drop the course without penalty. If I choose to drop a course after the 14 day deadline, I will receive an "F" on my transcript.

_____ I understand that midsemester and final grades will be sent directly to the local enrolling district.

_____ I understand that after each online course I take has been completed and my final grade recorded, the record of the work I do online using INFINITY's learning management system may be shared with INFINITY's Program Evaluation personnel for the sole purpose of improving INFINITY's performance. No identifying information from the work I submitted for INFINITY courses will ever be included in any evaluation report.

_____ I have examined the online course or program and understand the expectations of online learning enrollment. (State Statute 124D.095 Subdivision 3a)

Student: _____
(Please print)

Parent: _____
(Please print)

Signature: _____

Signature: _____

Date: _____

Date: _____

Check this box, if needed:

I request an online account be created for me to audit my student's online account.

INFINITY does not unlawfully discriminate on the basis of race, color, creed, religion, national origin, sex, marital status, parental status, status with regard to public assistance, disability, sexual orientation or age.