

Seat Time Waiver  
**Student Application Form**

**Step 1**  
To be completed  
by student

Please complete this form and return it to the designated school official.

District: \_\_\_\_\_ Building: \_\_\_\_\_ Date: \_\_\_\_\_

Student Name: \_\_\_\_\_ Grade: \_\_\_\_\_

Home Address: \_\_\_\_\_

City: \_\_\_\_\_ Zip: \_\_\_\_\_  Male  Female

Birthdate: \_\_\_\_\_ Age: \_\_\_\_\_

Name of Parent(s)/Legal Guardian(s)	Relationship	Phone Number
_____	_____	_____
_____	_____	_____

Parent/Guardian Email: \_\_\_\_\_

Parent Cell Phone Number: \_\_\_\_\_

Student Email: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Current Number of Credits: \_\_\_\_\_ GPA: \_\_\_\_\_ Year of Graduation: \_\_\_\_\_  
*(attach transcripts)*

Do you have an IEP or 504 Plan?  Yes  No

Why are you seeking a seat time waiver option? Check all that apply. *(Appropriate documentation may be required.)*

- |  |   |
|--|---|
| <input type="checkbox"/> Pregnant or Teen Parent               | <input type="checkbox"/> Social/Emotionally/Family Issues<br><i>Please specify: _____</i>     |
| <input type="checkbox"/> Expelled                              | <input type="checkbox"/> Medical Situation<br><i>Please specify: _____</i>                    |
| <input type="checkbox"/> Long Term Suspension                  | <input type="checkbox"/> High Interest/Low Enrollment Courses<br><i>Please specify: _____</i> |
| <input type="checkbox"/> Working Student                       |   |
| <input type="checkbox"/> Traveling Athlete                     |   |
| <input type="checkbox"/> Other<br><i>Please specify: _____</i> |   |

\_\_\_\_\_  
Student Signature

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date

Seat Time Waiver  
**Essay Questions**

**Step 1**  
To be completed  
by student

Student Name: \_\_\_\_\_ Date: \_\_\_\_\_

Please respond to the questions stated below and turn in with your application.

1. *Why should you be given consideration for acceptance into a seat time waiver program? What has occurred in your life to cause you to apply for a seat time waiver? What are you willing to do to be successful? How will you benefit from this opportunity?*

2. *Describe your time management and organizational skills. How do you organize yourself? How would you keep yourself on track for successful completion?*

Seat Time Waiver  
**Online Course Readiness Survey**

**Step 1**  
To be completed  
by student

Last Name: \_\_\_\_\_

First Name: \_\_\_\_\_

1. My technology access is best described as:
  - I have a computer at home with Internet access and I have my own e-mail account.
  - I have regular access to a computer with Internet access and I have my own e-mail account.
  - I do *not* have a computer or an e-mail address.
2. What type of Internet access do you have?
  - Dial Up
  - High Speed Cable
  - None
3. My experience with odeseaware?
  - Have accessed several times
  - Have accessed before but I don't use it
  - Have never used it
4. My technology skills are best described as:
  - I can use e-mail, web browsers, word-processing software, and can download files, and create attachments. I like trying to solve technology problems on my own and don't get frustrated easily.
  - I can use e-mail, web browsers and word processing software. I don't feel comfortable solving technology problems on my own.
  - I have used e-mail, web browsers and word-processing software, but I get frustrated when things don't work the way they should.
5. Face-to-face communication is:
  - Not essential to me. I understand that quality learning can take place without face-to-face interaction.
  - Important to me and I wonder about my ability to learn without being able to see the instructor or other students.
  - Essential and I can't learn unless I can interact in person with the instructor and other students.
6. When I need help in class:
  - I feel comfortable asking questions and asking for help when I need it.
  - I hesitate to ask questions of the instructor, but I will ask for help if I need it.
  - I don't like to ask questions or ask for help.
7. The amount of uninterrupted time I have to devote to an online class is:
  - 15 hours or more per week, anytime during the day or night.
  - 10 – 15 hours per week, mainly at night.
  - Less than 10 hours per week.

## Online Course Readiness Survey

8. I would describe my personal style as:
- Self-motivated, self-disciplined and organized.
  - Motivated, but I need help remembering assignments and due dates.
  - Pretty disorganized – I need someone to motivate me and help me stay on top of my coursework.
9. When it comes to procrastination:
- I rarely procrastinate.
  - I sometimes procrastinate, but I always get my work in on time.
  - I always procrastinate – I like to work under pressure.
10. My reading and writing abilities are:
- I enjoy reading and writing and have confidence in my abilities.
  - I read well but I'm not comfortable expressing myself in writing.
  - I don't like reading and look for classes without a lot of writing assignments.
11. My critical thinking skills are best described as:
- I can analyze class materials and formulate opinions on what I've learned.
  - I can sometimes analyze class materials and form opinions but it is a struggle for me.
  - Analyzing material is not something I do well.
12. Class discussions are:
- Important to me and useful in helping me learn the information presented in class. I almost always participate in class discussions.
  - Somewhat important to my learning. I sometimes participate in class discussions.
  - Not very useful to me. I don't usually participate in class discussions.
13. When it comes to learning:
- I welcome opportunities to learn new things and master new technologies.
  - I get nervous around technology, but I like to learn.
  - I get nervous around technology and would rather not use it.
14. I am considering taking an online course because:
- I've taken an online course before and enjoyed the experience.
  - I'm curious about online classes and have room in my schedule.
  - I need the class for a graduation requirement or job situation and I can't fit it in to my schedule.
15. I think an online class
- will be a breeze and easy to complete.
  - may be difficult but I am capable of handling it.
  - will be difficult for me and I will need a lot of help.
16. If I have problems with the course work or technology, I
- always have someone who is available to help me.
  - usually have someone available to help me.
  - sometimes have someone to help me.
  - never have someone to help me.