



School Year: _____



FULL TIME ENROLLMENT PACKET

Please complete this form for Full Time enrollment at the Academies of the Antelope Valley Virtual Academy.

Mandatory Attendance Requirements:

- Orientation Meeting with student and parent/guardian is required prior to beginning the program.
- It is recommended that students meet face-to-face with their teachers at least once per week.
- Parent/Guardian and student are required to sign a Master Agreement each semester acknowledging Virtual Academy attendance policies.

ENROLLMENT PACKET DOCUMENT CHECKLIST

All items listed below **must** be attached to the AAV enrollment packet and turned into the administration office.

- **WITHDRAWAL FROM PREVIOUS SCHOOL**
- **TRANSCRIPT OR LAST REPORT CARD**
- **PARENT'S STATE ISSUED IDENTIFICATION/112 DRIVERS LICENSE**
- **UTILITY BILL (LAST 60 DAYS)**
- **STUDENT'S CURRENT, COMPLETED IMMUNIZATION CARD INCLUDING, BUT NOT LIMITED TO*:**
 - **TDAP—REQUIRED FOR ENTRY INTO 7TH GRADE**
 - **VARICELLA (CHICKEN POX)- 2 DOSES**

* Per California Immunization Law (SB 277), all students must present immunizations at the time of enrollment in order to attend school.

* Immunizations will be verified by District Nurse, and if any further immunizations are needed, students' Parent/Guardian will be notified, as immunizations need to be up-to-date to complete the enrollment process.

AAV Enrollment packet for Admission

This enrollment packet shall serve as intent to enroll at Academies of the Antelope Valley for the school year.

Has the student ever been expelled from school? Yes No

Is the student a foster youth? Yes No

Student Information:			
Student _____	_____	_____	
(Last Name)	(First Name)	(Middle Name)	
Age _____	Gender: Male _____ Female _____	Student's Primary Language _____	
Date of Birth ____/____/____	Student's place of birth: _____		
	(City)	(State/Province)	(Country)
Student's Home Address: _____			
	(Street)	(Apt.)	(City) (Zip)

SCHOOL HISTORY

Name of school Attended (starting with most recent)	Location of School (City and State)	Date/School Years of Enrollment	Grade Level at Time of Enrollment

School Information:

Withdrawing/Promoting from: _____ Current Grade: _____

School Scheduled to Attend/School of Residence: _____

How did you hear about us?

_____ Online/ Social Media _____ Friend/Family _____ Comprehensive Site _____ Other: _____

- Academies of the Antelope Valley schools will not discriminate against students on the basis of disability in any of its programs, services, and activities, including admission.
- AAV Schools offer the full range of special education and related aids and services based on the individual needs of an enrolled student with a disability, and will inquire about a student's disability, if any, and related documentation only after the student has been accepted for enrollment and for the purpose of providing the student a free, appropriate, public education (FAPE) and an equal opportunity to participate in AAV Schools services, programs, and activities.
- For information regarding the District's efforts to comply with Section 504 and Title II, including responding to complaints of disability discrimination, please contact the office of Ms. Shandelyn Williams, Assistant Superintendent of Student Services at 661-729-2321.
- Las escuelas de las Academias del Valle del Antlope (AAV) no discriminarán a estudiantes por discapacidades en ninguno de sus programas, servicios, actividades, incluyendo la admisión.
- Las Escuelas de AAV ofrecen ayuda y servicios completos relacionados con educación especial basados en las necesidades individuales de estudiantes inscritos con discapacidades se investigara sobre la discapacidad del estudiante si la hay y cualquier documentación relacionada sólo después de que la inscripción del estudiante haya sido aprobada con el propósito de proveer al estudiante una educación pública gratuita y apropiada (FAPE) y una oportunidad igual de participar en los servicios, programas y actividades de las Escuelas de AAV.
- Para obtener información sobre los esfuerzos del Distrito para cumplir con la Sección 504 y el Título II, incluyendo responder a las quejas de discriminación por discapacidad, comuníquese con la oficina de la Sra. Shandelyn Williams, asistente del superintendente de servicios a el estudiante al 661-729-2321.

Parent Information: Mother/ Father/ Guardian (check one)

Name: _____, _____ Lives With
(Last Name) (First Name)

E-mail: _____ Preferred Language: _____

Home Address (if different from student's): _____
(Street) (Apt) (City) (Zip)

Please indicate mailing address if different from above: _____
(Street) (Apt) (City) (Zip)

Home Phone: (____) _____ Cell Phone: (____) _____ Work Phone: (____) _____

Highest Level of Education Completed: Select One

- Not a High School Graduate High School Graduate Some College or Associate's Degree
- Graduate Degree or Higher Decline to State College Graduate

Parent Information: Mother/ Father/ Guardian (check one)

Name: _____, _____ Lives With
(Last Name) (First Name)

E-mail: _____ Preferred Language: _____

Home Address (if different from student's): _____
(Street) (Apt) (City) (Zip)

Please indicate mailing address if different from above: _____
(Street) (Apt) (City) (Zip)

Home Phone: (____) _____ Cell Phone: (____) _____ Work Phone: (____) _____

Highest Level of Education Completed: Select One

- Not a High School Graduate High School Graduate Some College or Associate's Degree
- Graduate Degree or Higher Decline to State College Graduate

Home Language Survey:

What language did your son or daughter learn when he/or she first began to talk? _____

What language does your son or daughter most frequently use at home? _____

What language do you use most frequently to speak to your son or daughter? _____

Name the language most often spoken by the adults at home: _____

Parent/Guardian Signature: _____ **Date:** _____

Student Signature: _____ **Date:** _____



Mandatory Course Meeting Agreement

All Science courses, whether online or in a class, require a wet lab component which must take place in a Virtual Academy Resource Center, Knight Prep Academy, SOAR Prep Academy, Palmdale Prep Academy or an AVUHSD comprehensive school site to satisfy a-g requirements. per CA State Education code.

The lab schedule for all courses will be determined at the beginning of the school year. Once dates are determined, students will receive lab dates from their assigned instructor and dates will also be available on the Virtual Academy website calendar.

I understand that my student will be required to attend a mandatory science lab at least every other week in order to meet requirements to pass the science class that he/she has signed up for.

List of Courses:

- Biology
- Chemistry
- AP Chemistry
- Physics
- AP Physics

All Physical Education courses require monthly face to face meetings with the PE instructor. Physical Education meetings will take place at SOAR Prep Academy, Palmdale Prep Academy, or Knight Prep Academy.

List of Courses:

- Physical Education 1
- Physical Education 2

Student Signature

Parent Signature



Online Participation Contract



Please read and sign statement below and return to any resource center. If you are unable to agree to any of these statements, you may want to reconsider taking this course online. Please contact your instructor or counseling if you have any questions or concerns.

- I agree to ask my teacher questions directly and immediately if I do not understand the instructions or due dates for an assignment.
- I agree to organize my time in a way that allows me to thoughtfully and thoroughly complete assignments.
- I agree to be responsible for keeping up with when assignments are due and submitting them on time or before they are due.
- I understand that technical problems related to computer connections or equipment cannot be used as an excuse for failure to complete assignments or to participate online. I agree to locate the computer hardware, software and Internet connections necessary to stay connected and current with my course work online. I am aware of alternate Internet connections available through the AAV resource centers, my school's computer labs, the school library, the public library, and any friends, relatives, or neighbors and will access them if my personal computer equipment is not working.
- I understand that if I experience technical problems with the courseware, that I must notify my instructor immediately.
- I agree to fully participate in online discussion by reading and responding respectfully to my classmates and instructor. I understand that participation is a requirement of this course and that it counts toward my grade.
- I agree to check into each class in the online classroom at least 5 days per week and understand that I am expected to be working online a minimum of 5 hours per week, per course.
- I understand that each Virtual Academy class is worth 5 credits per semester, and that my grades from each class will be posted permanently on my transcript.
- I understand that I cannot drop my Virtual Academy class after 15 days from the beginning of first semester, and after 10 days from the beginning of second semester.
- I agree to follow the rules of online learning etiquette provided to me at orientation.
- I understand that attendance is required for mandatory meetings at a resource center per instructor's schedule.

Student Signature: _____ Date: _____

Parent Signature: _____ Date: _____