

Alternative Credit Options

APPLICATION

Student's Name _____	<i>Last Name</i>	<i>First Name</i>	<i>Middle Initial</i>
Student's Address _____	<i>City</i>	<i>State</i>	<i>ZIP Code</i>
School _____	Grade in the upcoming school year _____		

Course(s) requested: _____

- Summer School Course (approved by Superintendent/designee) Online Course
- College Credit Work-Based Learning
- Performance-Based Credit (provide information required below)

From what source _____

Total number of credits anticipated: _____

Reason for taking this course:

- Graduation with class
- Enrichment/Elective
- Course not available within the District
- Simultaneous high school/college credit
- Other, _____

I recommend this student be permitted to take the alternative credit option.

Principal/designee's Signature *Date*

I understand that it is my responsibility to submit an official transcript of my grade to the school by the date specified by the counselor in order to receive credit toward graduation.

Student's Signature *Date*

SBDM Council Approval Date: _____

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Number of credits earned _____ Date grade received _____

Principal/designee's Signature *Date*

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PERFORMANCE-BASED CREDIT INFORMATION

High school course(s) for which credit is being requested: _____

NOTE: Requests will be accepted only for those courses in which the student has not yet been enrolled or passed.

Describe the non-traditional and/or learning setting in which the learning will occur for the credit(s) being requested:

To be completed by Principal/designee	
Request was	<input type="checkbox"/> Approved <input type="checkbox"/> Denied Date _____

If approved, student performance will be assessed as follows:

ASSESSMENT METHOD	MINIMUM SCORE REQUIRED FOR CREDIT
Course exit exam	
State exam (_____)	
Other: _____	

Date of assessment: _____ Assessment Score: _____

Assessment Supervised by: _____

Principal/designee Signature

Date

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FULL-TIME VIRTUAL LEARNING PROGRAM APPLICATION

Application must be submitted for each school year.

Date Application Filed: _____ School Year: _____ - _____ Grade Level: _____

Student's Name: _____ Date of Birth: ___ / ___ / ___
Last First MI

Address of Residence: _____
Street City State Zip

School of residence: _____ School presently attending: _____

Please list in order, beginning with the most recent, school(s) attended in the past:

Name of School: _____ Year: _____ Grade: _____

Name of School: _____ Year: _____ Grade: _____

Reason for requesting to attend the Virtual Learning Center: _____

Have you previously been a full-time virtual learning student in the District?

No

Yes - Complete the following (This information should be accessible in the Virtual Learning Platform):

- Number of courses attempted _____
- Number of courses completed with a passing grade _____
- Number of high school credits earned _____

Student's Signature: _____ Date: _____

If approved, a Virtual Learning Contract will be completed and signed by the student and parents/guardians. The contract will be regularly monitored by the school throughout the year. Parents/guardians are expected to regularly monitor their student's academic performance and behavior to support maintaining satisfactory performance levels and all parts of the contract. Parents/guardians must agree to bring in their student for required state assessments (i.e. ACT ACCESS, Kentucky Summative Assessment, and Brigance). If a student does not participate in required state assessments, the student will automatically be denied in the future for Virtual Learning.

Name of Parent/Legal Guardian	
Signature of Parent/Legal Guardian	
Relationship to Student	
Parent/Legal Guardian Cell Number	
Parent/Legal Guardian Email	

Return this completed application to the Principal at your school of residence.

This request is Approved Denied – Reason: _____

Principal/designee's Signature: _____ Date: _____

Date notification sent to Parent/Legal Guardian: _____

Review/Revised:7/11/2022