



# VICTOR VALLEY VIRTUAL ACADEMY APPLICATION



Student First Name:	Student Last Name:		D.O.B:
Guardian Name:	Home Ph:	Cell Ph:	EL YES__ NO__
Email address:	Grade:	Total Credits:	IEP YES__ NO__
Street Address:	City:	State:	Zip Code:
Current/Next School:	Out of District YES __ NO __		Student ID: (If Applicable)

**Out of District or new to VVUHSD** submit the following documents as part of the APPLICATION APPROVAL process:

1. STUDENT TRANSCRIPT
2. DISCIPLINE/INTERVENTION RECORDS
3. ATTENDANCE RECORDS
4. CURRENT GRADES (if available)

If approved by the Virtual Academy Administration for enrollment, please visit [www.VVUHSD.org](http://www.VVUHSD.org) for the online enrollment process/portal. Final enrollment will be completed at the Central Enrollment Center.

**Your signature certifies the understanding that this is an application only and does not grant automatic enrollment. Continued enrollment at VVVA is contingent upon positive academic achievement, appropriate behavior, and good attendance.**

*Explain why you are requesting enrollment to Victor Valley Virtual Academy.*

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\_\_\_\_\_  
**Student Name (Print)**

\_\_\_\_\_  
**Signature**

\_\_\_\_\_  
**Date**

*As parent/guardian how will you support your student in being successful?*

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\_\_\_\_\_  
**Parent Name (Print)**

\_\_\_\_\_  
**Signature**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Name of Referring Administrator (if Applicable)**

\_\_\_\_\_  
**Signature**

\_\_\_\_\_  
**Date**

<b>For Office Use Only:</b>	Signature:		Admission Meeting Held:
<b>Action Taken</b>	Approved	Denied	Reason
<b>Placement Action:</b>	Enrolled	Waiting List	No Show- Contact date