



Harris County School District Virtual Program

Student Application (2024-2025)

The Harris County Virtual Program (HCVP) is designed for medically fragile students in Kindergarten through 12th grade who have documented medical issues which require the student to be away from in-person learning. The HCVP is planned for students to demonstrate success in an academic environment which requires a level of student independence and commitment to learning.

The term medically fragile generally refers to students who require complex health procedures, special therapy or specialized medical equipment/supplies to enhance or sustain their lives during the school day. Because each child's condition is unique, his or her educational program must be determined on a case-by-case basis. Acceptance into the HCVP requires documentation from a licensed medical doctor that an associated or accompanying chronic illness or condition is so severe that it affects the student's school attendance.

Please complete the application below.

- ***For CURRENT HCSD students, August 16, 2024 is the deadline date for application submission for the 2024-2025 school year.*** Applications submitted by **students NEW to the HCSD** will be accepted and reviewed as received.
- Completed applications can be submitted to the HCSD H.O.P.E. Center in-person or U.S. mail at 106 Mountain Creek Drive, Hamilton, GA 31811 **OR** faxed to 706-628-9118 **OR** scanned and emailed to Thalia Carey at carey-t@harris.k12.ga.us.
- If the **student is not currently** registered with HCSD, contact Deb Slayton, Student Information Coordinator at 706-628-4206, Ext. 1413 or email slayton-d@harris.k12.ga.us for next steps.

Section 1: Demographic Information

Student's Name: _____
(Last) (First) (Middle)

Date of Birth: _____ Age: _____ Grade Entering in 2024-2025: _____

Home School (if currently registered in HCSD) _____

**If the student is not currently registered with HCSD, where was the student enrolled during the 2024-2025 school year?* _____

Parent's Name: _____
(Last) (First) (Middle)

Parent's Phone Number(s): Primary _____ Alternate _____

Mailing Address: _____

Parent's Email Address: _____



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Section 2: Reason for Request

Please describe any medical concerns which impact the student's ability to attend in-person learning.

Does the student have an Individualized Education Plan (IEP)? Yes _____ No _____

Does the student have a 504 Plan? Yes _____ No _____

If the student has a medical diagnosis, complete the information below. *Documentation from a licensed medical doctor MUST BE ATTACHED to application upon submission. **Failure to attach documentation will result in delays in processing your application and/or the denial of the application.***

Medical Diagnosis: _____

Diagnosis Date: _____

Name of Physician: _____

Name of Practice/Medical Facility: _____

Telephone #: _____ Fax #: _____

Attach additional documentation which may be beneficial to HCSD staff reviewing this application.



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Section 3: Assurances

Please read carefully the statements below. By initialing next to each statement, your student and you are indicating that you understand and agree to the statements.

If clarification is needed, contact a representative from the Department of Social Services at 706-628-4206, Ext. 2301 PRIOR to initialing and submitting application.

- _____ I understand that my student's academic and attendance history will be reviewed, and submission of this application does not guarantee acceptance into to the HCVP.
- _____ My student has reliable access to internet service.
- _____ I understand that HCVP staff will regularly review student progress which includes attendance, academic, and behavior requirements. If student progress is deemed to be insufficient and interventions have been unsuccessful, he/she may be in jeopardy of receiving a failing grade in the course(s).
- _____ My student must log into the virtual platform and check email daily for messages and updates from the teacher(s). It is my student's responsibility to contact the teacher(s) if he/she experiences difficulties in completing the coursework.
- _____ I agree as parent/guardian to provide supervision of my student, to be in frequent contact with the teacher(s), and inform the teacher(s) of any concerns with the course or learning problems that arise.
- _____ My student is expected to complete his/her **own** work at all times. If he/she breaks this code of ethics, the student will not receive credit for the assignment, assessment, or course.
- _____ My student must read, sign, and follow the Technology Use Agreement regarding technology and the internet.
- _____ My student is required to attend classes daily as required by his/her school.
- _____ I am aware that all Harris County School District truancy policies apply to the HCVP and that students are required to submit written excuses when not in attendance for on-line learning classes. Daily attendance will be taken in all classes.



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_____ Each day when students have logged-in to **each** class, cameras should be on, and my student must be visible and engaged in the course content of the day.

_____ I understand that students may be required to take some major assessments in person in order for the assessment to be proctored by a HCSD teacher.

_____ Upon acceptance into the HCVP, my student and I agree to attend an orientation session.

_____ I understand that by completing this application and being accepted into HCVP, my child will be enrolled into the HCVP for the 2024-2025 school year.

_____ I have reviewed these expectations with my son/daughter, and he/she is aware of the above criteria for the HCVP coursework. He/she accepts responsibility for the preparation needed to complete courses.

_____ I have reviewed the expectations with my son/daughter, and he/she agrees to organize his/her time, communicate with teachers as needed, and contribute positively to the online learning process. He/she understands that if these guidelines are not met, he/she may receive a failing grade for the course(s).

Section 4: Signatures

Parent's Signature: _____ **Date:** _____

Student's Signature: _____ **Date:** _____

CENTRAL OFFICE USE ONLY

Application Approved _____ Application Denied _____

School Representative: _____ Date: _____

Social Services Representative: _____ Date: _____

SPED Representative (*if applicable*): _____ Date: _____

Superintendent/Assistant Superintendent: _____ Date: _____