



VICTOR VALLEY VIRTUAL ACADEMY APPLICATION



Student First Name:	Student Last Name:	D.O.B:
Guardian Name:	Home Ph:	Cell Ph:
Address:	Grade:	Total Credits:
Current School:	Out of District YES ___ NO ___	EL YES ___ NO ___
Parent Email:		IEP YES ___ NO ___
		Student ID: (If Applicable)

Checklist of Documents needed to submit application:

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

If approved by the Virtual Academy Administration for enrollment, the VVVA office will guide you into the next steps.

Your signature certifies the understanding 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.

Student Name (Print)	Signature	Date
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As parent/guardian how will you support your student in being successful?

Parent Name (Print)	Signature	Date
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Name of Referring Administrator (if Applicable)	Signature	Date
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For Office Use Only:	Signature:		Admission Meeting Held:
Action Taken	Approved	Denied	Reason
Placement Action:	Enrolled	Waiting List	No Show- Contact date