

Online, Virtual, and Remote Learning Application and Contract**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 MIAddress 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 parent/guardian. 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:	Parent/Legal Guardian Cell Number:
Signature of Parent/Legal Guardian:	Parent/Legal Guardian Email:
Relationship to Student:	

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: _____