



Pascack Valley Regional High School District**
Virtual High School Online Application School
Year 2026-2027

Student Name: _____
Grade in September 2026 _____
Guidance Counselor: _____

Date: _____

Check School
PH ☐ PV ☐

1. What qualities do you possess that will make you a good candidate for Virtual High School?

Please describe your candidate qualities, if additional space is needed include another page.

2. Which VHS course would you like to take?

Fall Semester	1st Choice _____	2nd Choice _____
Spring Semester	1st Choice _____	2nd Choice _____

3. Why are you interested in taking these classes?

Please describe your interest, if additional space is needed include a separate page.

4. Please list the names of two teachers who can be consulted regarding your ability to work independently:

1. _____
2. _____

Please print this completed form, sign it and have one of your parents/guardians sign to verify that you are interested in a Virtual High School class.

(Student Signature)

(Dated)

(Parent/Guardian Signature)

(Dated)

****Students who register for a Virtual High School (VHS) course will have the fee paid for by the Pascack Valley Regional High School District. Students who register for a VHS course and drop the course after the date of 9/15/26 for a fall semester course or the date of 2/2/27 for a spring semester course will be assessed the district fee of \$135.00 per course. By registering for a VHS course you agree to these terms.**

★ Please return the completed and signed application to your Guidance Counselor ★