Innovation Academy High School
Off-Campus Contract for FVS and GAVS Virtual Courses
2026-2027

Students with 1st or 8th period virtual courses may elect to be off campus during that time, with parent/guardian permission.

Student Name (print): _____ Grade: _____

Student ID #: _____ Parent Email: _____

Please check which period (s) you will be off-campus for **virtual courses** (ONLY Fulton Virtual or Georgia Virtual classes, not DE or WBL)

1st_____ 2nd_____ 3rd_____ 5th_____ 6th_____ 7th_____ 8th_____

Sports-Related Early Departures

- *Complete one row for each sport you plan to participate in.*
- *List ALL sports you **intend** to play this school year, even if tryouts have not occurred yet.*
- If you are an athlete for an organization other than your districted home school, please list the name of the organization you work with.

Sport	Season (Fall/Winter/Spring)	Districted Home School you are playing for	Coach's Name	Coach's Email Address

This form must be completed by the student and parent/guardian. Please initial/sign and return to Ms. Bev or Mrs. Danner as soon as possible. **Read each line closely.**	Student Initials	Parent Initials
I understand that online courses require students to be self-disciplined and to work independently in order to be successful in the course.		
I understand that the student is responsible for following and keeping up with the online course syllabus and pacing guide as provided by the online teacher.		
I understand and agree that the student must be in **good standing** in order to keep off-campus privileges. This includes student athletes.		
I understand that the student's standing will be evaluated approximately every two weeks. Emails will be sent to student and parent/guardian with standing updates. The schedule for grade checks is posted in the virtual classroom and also on the Virtual Canvas tile.		

I understand that the student is responsible for checking their school email and knowing their standing in the course.		
I understand that a student that "needs improvement" will lose all off-campus privileges and be required to attend their virtual period in the designated Virtual Lab classroom where attendance will be taken.		
I understand that internships, jobs, and extracurriculars may be affected by not maintaining the virtual privilege and are not excused absences from attending in person when you are not in good standing.		
I understand that it is IA's expectation that students work at least two weeks ahead to avoid any unforeseen issues that may arise and potentially cause them to fall behind.		
I understand that because of liability issues, students who have virtual lab 1st period may NOT ride the bus to school and then leave campus.		
I understand that because of liability issues, students who have virtual lab 8th period may NOT leave campus and return to ride the bus home.		
I understand that students with 8th period virtual lab or all virtual labs at the end of the day may not return to campus once they have left.		
I understand that students with 1st period virtual lab must not be late to 2nd period.		
I understand that during days with alternate schedules students may not arrive late or leave early unless it is the period they chose on the Off-Campus Contract.		
I understand that I must obtain an Off-Campus Pass in order to leave early or arrive late.		
I understand that the Off-Campus Pass may be revoked if not in good standing or at IA's Administration's discretion.		

Parent/Guardian and Student signatures below indicate that I am releasing Fulton County Schools of any responsibility for the student choosing to be off campus for their virtual period and indicate agreement to the conditions set forth by Innovation Academy High School.

Student Signature:_____ Date:_____

Parent Signature:_____ Date:_____