

Meade County School District

MyMEADE Online Virtual Academy
Medical Participation Form

Meade County Schools Virtual Academy, MyMEADE Online, is a temporary distance learning option for those students with a medical condition in grades 7-12 who wish to continue their education full-time through alternative learning environments. It provides an option for those students who seek an alternative to face-to-face instruction due to the medical vulnerability of the child.

Student's Last Name First Name MI

School Student Attends Student's Grade Level

THE COMPLETED FORM MUST BE SUBMITTED BY DECEMBER 12, 2026 TO YOUR CHILD'S SCHOOL OFFICE. NO LATE FORMS WILL BE ACCEPTED.

TO BE COMPLETED BY MEDICAL PROVIDER

REQUIRED FOR CONSIDERATION: Describe, in detail, this student's acute medical condition. (attach additional page(s) if needed)

Blank lines for medical condition description

TO BE COMPLETED BY MEDICAL PROVIDER

REQUIRED FOR CONSIDERATION: Please explain how participation in the traditional, in-person learning environment would adversely affect the student's well-being.

Blank lines for well-being explanation

**-----TO BE COMPLETED BY MEDICAL PROVIDER-----**

**REQUIRED FOR CONSIDERATION:** Please explain in detail the plan and timeline to phase out virtual learning and transition the student back to traditional, in-person learning.

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\_\_\_\_\_  
Doctor's Name or Designee

\_\_\_\_\_  
Doctor's signature or Designee

\_\_\_\_\_  
Date

**-----TO BE COMPLETED BY PARENT / GUARDIAN-----**

1. I understand and agree that I am seeking a virtual option for a semester of the 2026-2027 School Year as an alternative to face-to-face instruction due to the medical vulnerability of the child. \_\_\_ YES \_\_\_ NO
2. I understand that due to the identified medical condition above, my child will not be permitted to participate in any extracurricular (ex. Winter Ball and Prom) or co-curricular activities. \_\_\_ YES \_\_\_ NO
3. I understand and agree that the student for whom this application is submitted will have access to high-speed internet and has access to his/her own device appropriate for participation in digital instruction (Chromebook, laptop, computer, etc.). I understand a smartphone is not sufficient for this purpose. \_\_\_ YES \_\_\_ NO
4. I understand and agree to provide the needed technology requirements to be in place regarding the location where this student will be located from 8:30 a.m. to 3 p.m. during the school day: Does that location have high-speed internet access? (example: Can you stream YouTube or Netflix videos or similar services?) \_\_\_ YES \_\_\_ NO
5. I understand this application is only for the months / semester identified on this application. Additional application(s) will need to be completed to reenroll in virtual learning for other portions of the school year. \_\_\_ YES \_\_\_ NO
6. I understand and agree that as a family we will monitor student progress and contact the teacher(s) with any concerns. \_\_\_ YES \_\_\_ NO
7. I understand and agree that as a family we will ensure student's daily participation in classes and adherence to the daily class schedule. Students that do not meet daily progress and completion of assigned performance tasks for the day/week will be counted as absent. \_\_\_ YES \_\_\_ NO
8. I understand and agree that students/ families enrolled in MyMeade Online shall follow and be held accountable for all attendance expectations, regulations, and laws. \_\_\_ YES \_\_\_ NO
9. I understand and agree that my child will participate in scheduled instructional activities and be expected to interact with their teachers and classmates during normal school hours. \_\_\_ YES \_\_\_ NO
10. I understand and agree that my child will attend mandated assessment sessions on-campus throughout the school year. (MAP Testing, KSA Testing, ACT,SAT, Etc.) \_\_\_ YES \_\_\_ NO
11. I understand and agree that my child will attend mandated intervention sessions on-campus throughout the school year, as needed based on course progress. Failure to attend mandated sessions will result in MMO approval being revoked. \_\_\_ YES \_\_\_ NO
12. I give permission to release my child's pertinent medical information to the school district's representative for the purpose of consideration for a temporary virtual learning platform. I understand that pursuant to Public Law 104-191, all parties will keep this information confidential. \_\_\_ YES \_\_\_ NO

\_\_\_\_\_  
Parent / Guardian Name

\_\_\_\_\_  
Parent's / Guardian's Signature

\_\_\_\_\_  
Date

**For Office Use:**

Approval Status is at Discretion of School District.  Approved  Not Approved