

**Longview Virtual Academy School  
2022-2023 Application**

*Thank you for your interest in the online virtual school within Longview Independent School District. We are currently accepting student applications for the 2022-2023 school year for grades 3-12. This is the first step in the application process. We ask you and your child to complete this application together and return it to your campus principal by **September 23, 2022**. Once the application has been received, all students will be screened in order to determine if your student qualifies for the program to start in October 2022.*

**Student Information**

Student's First Name: \_\_\_\_\_ Student's Last Name: \_\_\_\_\_

Student's Middle Name: \_\_\_\_\_ Student's Date of Birth: \_\_\_\_\_

Home Address (Primary Residence): \_\_\_\_\_ Apt/Unit/Lot # \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Is the student's mailing address the same as their physical address? ☐ Yes ☐ No

Mailing Address \_\_\_\_\_ Apt/Unit/Lot # \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

**Enrollment Information**

Student's Grade Level for 2021-2022 School Year: \_\_\_\_\_

School Attended for the 2021-2022 School Year: \_\_\_\_\_

**Parent/Guardian Information**

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Home Address (If different from above): \_\_\_\_\_ Apt/Unit/Lot # \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Email: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Home Address (If different from above): \_\_\_\_\_ Apt/Unit/Lot # \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Email: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

## **Acceptance Expectations**

*There are certain mandatory expectations for a student to be successful in an online and/or blended environment. In this section, the student and family must acknowledge they are aware of and will abide by these if accepted. If a student or family has concerns about any of these expectations, it is best to speak with the school principal before continuing the application process. Please initial by each statement.*

\_\_\_\_ - It is understood students must have all A's and B's from the 2021-2022 school year and must have earned a Meets score on all STAAR tests in 2022 to gain admission.

\_\_\_\_ - It is understood students will be required to log into classes and complete assignments according to the class pacing guides and weekly checklists.

\_\_\_\_ - The student has and will maintain reliable access to the Internet at home. Reliable internet access helps ensure student success in an online setting.

\_\_\_\_ - The parent will request access or provide the child access to a reliable device (computer, Chromebook, laptop). The district can issue a Chromebook in the event the student is in need of technology.

**Prerequisites for enrollment in the Longview Independent School District Virtual Academy** include age-appropriate supervision and at-home learning support from an adult each school day. The adult will be responsible for creating and maintaining a school work schedule for his/her child, establishing a working environment for his/her child, monitoring his/her child's work progress, checking his/her emails daily for communication from school staff, attending conferences and meetings with school staff to discuss his/her child, and working with the school to ensure his/her child is successful within the online school program. Please answer one of the following:

\_\_\_\_ I confirm that my child will be appropriately supervised and have at-home learning support from an adult each school day.

\_\_\_\_ I understand that my child can be removed from the LISD Virtual Academy in the event my child fails to attend class or fails to perform successfully in coursework or on common assessments.

## **Additional Items to Include With Application**

Please submit a copy of your 2021-2022 report card, 2022 STAAR scores, and, if applicable, a copy of IEP, 504 IAP, Dyslexia Plan, and LPAC plan with your application.

## **Submission and Verification**

By signing below, I attest I am the parent or legal guardian for the child listed on this application, and I am submitting this application for my child. I understand by submitting this application, Longview Independent School District has permission to request and review my child's educational records.

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

If you have questions about this application or need more information, please call 903-381-2200.

**Student Reflection** - To be completed by the student.

Student Name: \_\_\_\_\_ Grade: \_\_\_\_\_

Please evaluate yourself in relation to your grade-level peers/classmates on the following qualities:

| Quality                                                                  | Poor | Below Average | Average | Above Average | Excellent | Give an example of why you rated yourself this way. |
|--------------------------------------------------------------------------|------|---------------|---------|---------------|-----------|-----------------------------------------------------|
| Independent Worker                                                       |      |               |         |               |           |                                                     |
| Accountable                                                              |      |               |         |               |           |                                                     |
| Organized                                                                |      |               |         |               |           |                                                     |
| Accepting of Feedback                                                    |      |               |         |               |           |                                                     |
| Comfortable Reaching Out for Support                                     |      |               |         |               |           |                                                     |
| Adept with Basic Technology Skills<br>(email, Google Meets, Google Docs) |      |               |         |               |           |                                                     |

Tell us about your work ethic as a student and your commitment to learning. (3-4 sentences)

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Why do you want to attend Longview Virtual Academy School and how will this opportunity benefit you? (3-4 sentences)

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Please complete and return this entire form to your campus principal before the application deadline.

### **LISD Principal Recommendation**

Turn application into principal in order for principal to complete application and submit to LISD ESC.

Student Name: \_\_\_\_\_ Principal Name & Phone: \_\_\_\_\_

Please place a check in the box that best describes this student in relation to his/her peers on the following:

| Quality                                                                                       | 21-22   | 22-23 | Notes for this area |
|-----------------------------------------------------------------------------------------------|---------|-------|---------------------|
| Reading Grade & Notes in 21-22 and 22-23                                                      |         |       |                     |
| Math Grade and Notes in 21-22 and 22-23                                                       |         |       |                     |
| Science Grade & Notes in 21-22 and 22-23                                                      |         |       |                     |
| Social Studies Grade & Notes in 21-22 & 22-23                                                 |         |       |                     |
| Student earned Meets or Masters on both 2022 Reading and Math STAAR tests                     | Y N     |       |                     |
| Student is comfortable reaching out for support & receiving feedback.                         | E S N U |       |                     |
| Adept with Basic Technology Skills (email, Google Meets, Google Docs, Zoom, Google Classroom) | E S N U |       |                     |
| Parent agrees to support student in the program.                                              | Y N     |       |                     |
| Attendance Rate Percentage                                                                    |         |       |                     |

Please elaborate on your responses above.

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Do you believe that this student would be a successful student at Longview Virtual Academy School? Do you recommend this student be admitted into this program? Why or why not?

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☐ Yes ☐ No I recommend that this student be admitted to the Longview Virtual Academy.

Administrator Signature: \_\_\_\_\_ Date: \_\_\_\_\_