



Edgewood City Schools District
Virtual Academy Application

Student Name: _____

Student ID: _____

Current School: _____

Street Address: _____

Birth Date: _____

Current Grade: _____

Parent/Guardian Name(s): _____

Parent/Guardian Phone(s): _____

Parent/Guardian Email(s): _____

Is the student on an IEP or 504 plan?

• Yes • No If yes, explain: _____

Does the student have a probation or diversion officer?

• Yes • No If yes, name: _____

Is the student employed? • Yes • No If yes, name of employer: _____

Career interests of the student: _____

Significant medical issues of the student: _____

Counseling history of the student: _____

Significant behavioral or academic issues of the student: _____

Virtual Academy Placement Preference (check one):

• Morning Session

• Afternoon Session

9am-11am Mon-Friday

12:30pm-2:30pm Mon-Friday

Reason(s) for Application to Virtual Academy: _____

(continued on page 2)

"PREPARING TO BE SUCCESSFUL IN AND OUT OF THE CLASSROOM"

Student: Please describe what issues or problems you have experienced in school, why you feel Virtual Academy is right for you, and what you will do to make sure you succeed:

Parent/Guardian: Please Explain what structure and support you will provide to ensure the success of the student in Virtual Academy:

Student Signature: _____

Date: _____

Parent/Guardian Signature: _____

Date: _____

Please return this application to your school counselor or the main office at Edgewood High School.



"PREPARING TO BE SUCCESSFUL IN AND OUT OF THE CLASSROOM"

EDGEWOOD CITY SCHOOL DISTRICT 3045 Busenbark Road, Trenton, Ohio 45067 www.edgewoodschools.org