



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 9am-11am Mon-Friday	• Afternoon Session 12:30pm-2:30pm Mon-Friday
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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"