Edgewood City Schools District

Virtual Academy Application

Student Name: _____

Student ID: _____ Birth Date: _____

Current School: _____ Current Grade: _____

Street Address: _____

_____

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

Reason(s) for Application to Virtual Academy: _____

_____

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"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"