

CHIEFS VIRTUAL ACADEMY

Application for Enrollment



Date of Application _____

STUDENT INFORMATION

| | | | | |
|---------|--------|--------|-------|---------------|
| Name | First | Middle | Last | Date of Birth |
| Address | Number | Street | | Apt. # |
| | City | | State | Zip Code |
| Email | | | | |

CURRENT SCHOOL

| | | | | |
|---|--|--------|-------|-------------|
| School | Name of School | | | Grade Level |
| | <input type="checkbox"/> Cyber Charter School <input type="checkbox"/> Home School <input type="checkbox"/> Traditional School | | | |
| Contact | First | Middle | Last | |
| Address | Number | Street | | Apt. # |
| | City | | State | Zip Code |
| Reason for applying to Chiefs Virtual Academy | | | | |
| Potential scheduling conflicts | | | | |

PARENT(S)/GUARDIAN(S) INFORMATION

| | | | | |
|-----------|----------|--------|-------|----------|
| Name | First | Middle | Last | |
| Address | Number | Street | | Apt. # |
| | City | | State | Zip Code |
| Email | | | | |
| Signature | X | | | |
| Name | First | Middle | Last | |
| Address | Number | Street | | Apt. # |
| | City | | State | Zip Code |
| Email | | | | |
| Signature | X | | | |

UNITED STATES DEPARTMENT OF EDUCATION ETHNIC CODES:

| | | | | |
|--|--|---|-----------------------------------|------------------------------------|
| <input type="checkbox"/> Native American | <input type="checkbox"/> Asian/Pacific | <input type="checkbox"/> African American | <input type="checkbox"/> Hispanic | <input type="checkbox"/> Caucasian |
| Special Ed: <input type="checkbox"/> Yes <input type="checkbox"/> No | | ESL: <input type="checkbox"/> Yes <input type="checkbox"/> No | | |

FOR OFFICE USE ONLY:

| | |
|---------------------------------|-------------------------------|
| Student School ID Number: | Date of Received Application: |
| Date of Interview: | Orientation Date: |
| Family/District Agreement Date: | Enrollment Date: |

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Is Chiefs Virtual Academy the right fit for me?

To find out if you have what it takes to be a successful Chiefs Virtual Academy student, place a number next to each statement that best describes you as a student:

- 4 = Strongly Agree
- 3 = Agree
- 2 = Disagree
- 1 = Strongly Disagree

I CAN USE THE COMPUTER AS A TOOL FOR LEARNING...

| | |
|--|---|
| | I can communicate using email |
| | I can use Microsoft Word as a writing tool |
| | I can search for and locate information on the Internet |
| | I can participate in on-line chat rooms |

I POSSESS THE SKILLS NECESSARY TO BE A SUCCESSFUL CYBER STUDENT...

| | |
|--|---|
| | I can follow and respond to written directions easily |
| | I can use my time efficiently and submit my assignments on schedule |
| | I am self-motivated, self-directed, and self-disciplined in regards to my studies |
| | I can work independently |

I AM READY TO MAKE A COMMITMENT TO CYBER EDUCATION...

| | |
|--|--|
| | I am willing to spend 5.5 hours per weekday at my computer |
| | I am willing to spend an additional 1-2 hours per week completing additional assignments |
| | I am honest and can be trusted to do my own course work and assignments |
| | I am responsible and will care properly for school-issued equipment |
| | I am aware that my success as a Cyber student is my responsibility |
| | I am willing to contact VLN Tech Support, when needed |

Please complete the following:

| | | |
|---|------------------------------|-----------------------------|
| I have high-speed internet access in my home: | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| The last academic grade I have completed: | | |

X

Student Signature

Date

X

Parent/Guardian Signature

Date

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Upon enrolling in Chiefs Virtual Academy, I agree to:

- ✓ Complete the Chiefs Virtual Academy enrollment process
- ✓ Provide my current transcript from the previous school year at time of application
- ✓ Notify the Chiefs Virtual Academy Cyber Coordinator of any difficulties connecting to the curriculum delivery system
- ✓ Notify the Chiefs Virtual Academy Cyber Coordinator for support, as needed
- ✓ Notify the Chiefs Virtual Academy Cyber Coordinator of any change in status
- ✓ Document evidence of active participation in all courses in which I am enrolled
- ✓ Complete all courses in which I am enrolled in their entirety within the specified time allotted
- ✓ Complete all mandated medical screenings prior to enrolling in the program
- ✓ Complete all required statewide testing at specified Lakeland School District building
- ✓ Be removed from Chiefs Virtual Academy if found to be involved in any form of academic impropriety
- ✓ Acknowledge that failure to complete enrolled courses may result in truancy charges and that student/parent/guardian may be responsible for paying related costs in full
- ✓ Return equipment within two weeks of completion of, or withdrawal from, Chiefs Virtual Academy. Failure to do so may result in additional charges.
- ✓ Return all textbooks to Lakeland School District within two weeks of completion of, or withdrawal from, Chiefs Virtual Academy.

X

Student Signature

Date

X

Parent/Guardian Signature

Date

X

Chiefs Virtual Academy Administrator Signature

Date