Parent/Legal Guardian Email

Alternative Credit Options

FULL-TIME VIRTUAL LEARNING PROGRAM APPLICATION

Application must be submitted for each school year.

Date Application Filed:	School Year:		Grade Level:	_
Student's Name:			Date of Birth://_	_
Last Address of Residence:	First	MI		_ _
Street	City	State	Zip	
School of residence:	School p	School presently attending:		
Please list in order, beginning with the most	t recent, school(s) atter	nded in the past		
Name of School:		Year:	Grade:	
Name of School:		Year:	Grade:	
Reason for requesting to attend the Virtual	Learning Center:			
 No Yes - Complete the following (This ➤ Number of courses attempted _ ➤ Number of courses completed w ➤ Number of high school credits ea 	 vith a passing grade		Virtual Learning Platfor	m):
Student's Signature:		_ Date:		
If approved, a Virtual Learning Contract will will be regularly monitored by the school the student's academic performance and behave contract. Parents/guardians must agree to I Kentucky Summative Assessment, and Brig student will automatically be denied in the f	roughout the year. Pare vior to support maintair bring in their student fo gance). If a student doe	ents/guardians a ning satisfactory r required state es not participate	re expected to regularly performance levels and assessments (i.e. ACT A	monitor their all parts of the ACCESS,
Name of Parent/Legal Guardian				
Signature of Parent/Legal Guardian				
Relationship to Student				
Parent/Legal Guardian Cell Number				

Return this completed application to the Principal at your school of reside This request is Approved Denied – Reason:	
Principal/designee's Signature:	_ Date:
Date notification sent to Parent/Legal Guardian:	_

Review/Revised:7/11/2022