

**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 First MI

Address of Residence: \_\_\_\_\_  
Street City State Zip

School of residence: \_\_\_\_\_ School presently attending: \_\_\_\_\_

Please list in order, beginning with the most recent, school(s) attended in the past:

Name of School: \_\_\_\_\_ Year: \_\_\_\_\_ Grade: \_\_\_\_\_

Name of School: \_\_\_\_\_ Year: \_\_\_\_\_ Grade: \_\_\_\_\_

Reason for requesting to attend the Virtual Learning Center: \_\_\_\_\_  
 \_\_\_\_\_

Have you previously been a full-time virtual learning student in the District?

No

Yes - Complete the following (This information should be accessible in the Virtual Learning Platform):

- Number of courses attempted \_\_\_\_\_
- Number of courses completed with a passing grade \_\_\_\_\_
- Number of high school credits earned \_\_\_\_\_

Student's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

If approved, parents/guardians are expected to regularly monitor their student's academic performance and behavior to support maintaining satisfactory performance levels.

|                                    |  |
|------------------------------------|--|
| Name of Parent/Legal Guardian      |  |
| Signature of Parent/Legal Guardian |  |
| Relationship to Student            |  |
| Parent/Legal Guardian Cell Number  |  |
| Parent/Legal Guardian Email        |  |

Return this completed application to the Principal at your school of residence.

This request is  Approved  Denied – Reason: \_\_\_\_\_

Principal/designee's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Date notification sent to Parent/Legal Guardian: \_\_\_\_\_