

WHITE RIVER VALLEY SCHOOL DISTRICT  
VIRTUAL EDUCATION APPLICATION

This form will be completed by the building level administrative team after receipt of the written request for the WRV Virtual Education Program.

STUDENT NAME: \_\_\_\_\_ Grade Entering: \_\_\_\_\_

PARENT/GUARDIAN INFORMATION: Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_

REQUESTING VIRTUAL FOR:

\_\_\_\_\_ MEDICAL PURPOSES (Doctor's Documentation Must Accompany the application.)

\_\_\_\_\_ SPECIAL CIRCUMSTANCES (Documentation Must Accompany the application.)

STUDENT-PARENT/GUARDIAN-ADMINISTRATIVE INTERVIEW

DATE of INTERVIEW: \_\_\_\_\_

INDIVIDUALS INVOLVED in the INTERVIEW: \_\_\_\_\_  
\_\_\_\_\_

The principal's initials indicate a positive response to the statement:

- \*Copy of Board Policy has been provided to the parent/guardian. \_\_\_\_\_
- \*Student/Parent/Guardian has the internet capacity for program. \_\_\_\_\_
- \*Student has been absent less than six days the previous semester. \_\_\_\_\_
- \*The student will be assigned a school liaison and will be in contact with said instructor via electronic mailing on a regular basis. \_\_\_\_\_
- \*A complete copy of the student's transcript and discipline record accompanies the virtual education application. \_\_\_\_\_
- \*The student will participate in the standardized testing parameters as dictated by the Indiana Department of Education. This participation will necessitate the student taking the tests in-person. \_\_\_\_\_
- \*If a high school student, the student is on course to graduate with his/her class. The student and parent understand that attendance at graduation is a requirement. \_\_\_\_\_
- \*All IHSAA and WRVSD rules for athletic eligibility will be in effect. \_\_\_\_\_
- \*Failure to stay academically current will result in the revocation of virtual education services; said student WILL return to in-person learning as assigned by the building principal. \_\_\_\_\_

Administrative Team Recommendation: \_\_\_\_\_ Approved \_\_\_\_\_ Denied  
Superintendent Recommendation: \_\_\_\_\_ Approved \_\_\_\_\_ Denied  
Board of Education Approval: \_\_\_\_\_ Yes \_\_\_\_\_ No Date: \_\_\_\_\_

VIRTUAL REQUEST APPLICATION—WHITE RIVER VALLEY SCHOOL DISTRICT Number: \_\_\_\_\_

STUDENT NAME: \_\_\_\_\_ DATE: \_\_\_\_\_

PARENT/GUARDIAN INFORMATION:

Parent/Guardian Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

STUDENT INFORMATION: \_\_\_\_\_  
Student Age Current Grade Level Last Grade Completed

ATTENDANCE for PREVIOUS SEMESTER: Days Absent: \_\_\_\_\_ Times Tardy: \_\_\_\_\_

GRADES for PREVIOUS SEMESTER (Please list all courses):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

If a transfer student from another district, was the student suspended or expelled? Yes No

A student requesting to be placed in the virtual setting at either the middle school or the high school level shall write a one page letter indicating why they are requesting the virtual placement.

By signing below, you are authorizing the White River Valley School building level administrative team to contact may any/all inquiries for information regarding your child, including any medical personnel that is providing documentation with the request.

\_\_\_\_\_  
Student Signature

\_\_\_\_\_  
Parent/Guardian Signature

Please return application to the building principal. This application will need board approval for entrance into the program. The student will be identified by the number of the application provided.