Application for Enrollment



## Date of Application

STUDENT INFORMATION										
Name	First		Middle Last		Date of Birth					
			- induic	Last		Date of Di				
Address	Number	Street					Apt. #			
	City			State	Zip Code	Phone				
Email										
CURRENT SCHOOL										
School	Name of School				Grade Level					
	Cyber Charter S	Home School Tra			aditional School					
Contact	First		Middle	Last						
Address	Number	Street				Apt. #				
Address	City			State		Zip Code				
Reason for at Academy	tending Southw	estern Virtual		'						
Potential sche	eduling conflicts									
PARENT(S)/GUA	RDIAN(S) INFORMAT	ION								
Name	First		Middle	Last						
Address	Number	Street					Apt. #			
	City			State	Zip Code	Phone Number				
Email	Sate Ep code Month Maniber									
Name	First	Middle	Last							
Address	Number					Apt. #				
Address	City			State	Zip Code	Phone Number				
Email	City			State	Zip code	THORE NUMBER				
Signatures	X									
ADDITIONAL INFORMATION:										
Special Education Status: Yes No ESL: Yes No										
*Note: Special education support will be provided virtually when possible; however, transportation will be the responsibility of the parent/guarding for students needing onsite supports.										
FOR OFFICE USE	ONLY:									
Student School I	D Number:		ate of Received Application:							
Date of Interview:				Orientation Date:						
Family/District A	greement Date:		Enro	Enrollment Date:						
Student in Grades 6-12:  General Education  Academic  Advanced Placement										
Student Enrollment Status: Accepted Pending: Denied:										

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Strongly Agree

4 =



## Is Southwestern Virtual Academy the right fit for me?

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

3 = 2 =	Agree 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 online 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 coursework 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								
Plea	se complete the following:								
	I have high-speed internet access in my home:								
	The last academic grade level I have completed:								
_									
	x								
	Student Signature Date								
	X								
-	Parent/Guardian Signature Date								

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# Why do you want to enroll in Southwestern Virtual Academy?

	please compose a two to three paragraph handwritte Id like to attend Southwestern Virtual Academy:
udent Signature	Date

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### **Upon enrolling in Southwestern Virtual Academy, I agree to:**

- ✓ Complete the Southwestern Virtual Academy enrollment process including onsite interview and orientation. Payment of textbook rental and any other applicable fees are required at time of enrollment.
- ✓ Provide my current transcript and disciplinary documentation from the previous school year at time of application
- ✓ Notify the Southwestern Virtual Academy Coordinator within 24 hours of any difficulties connecting to the curriculum delivery system
- ✓ Notify the Southwestern Virtual Academy Coordinator for support, as needed
- ✓ Notify the Southwestern Virtual Academy Coordinator of any change in status within 24 hours
- ✓ 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. If I fall more than a week behind in my coursework, I understand that I may be required to attend an onsite Virtual Learning Lab to complete the work. Students in K-6 will be required to have a parent/guardian accompany them while onsite.
- ✓ Submit all required medical documentation
- ✓ Complete all required statewide testing at specified Southwestern Consolidated School District building
- ✓ Be removed from Southwestern Virtual Academy if found to be involved in any form of academic impropriety including plagiarism
- ✓ Attend as required per Indiana Code. Excessive absences may result in truancy charges and that student/parent/guardian may be responsible for paying related costs in full. Out of district students who do not comply with attendance policies may have their open enrollment revoked.
- ✓ Return textbooks and/or equipment within two weeks of completion of or withdrawal from Southwestern Virtual Academy. Failure to do so will result in additional charges.

X	
Student Signature	Date
v	
X	
Parent/Guardian Signature	Date
X	
Southwestern Virtual Academy Administrator Signature	Date