

Chesapeake Public Schools  
Department of Information Technology  
**Application for 2018-2019 Virtual Virginia Courses**

Student Name \_\_\_\_\_

Grade Level \_\_\_\_\_

Student ID Number \_\_\_\_\_

School \_\_\_\_\_

Date of Birth \_\_\_\_\_

Gender \_\_\_\_\_

Student Email Address \_\_\_\_\_

Parent/Guardian Name \_\_\_\_\_

Parent/Guardian Email Address \_\_\_\_\_

Home Address \_\_\_\_\_

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

**Course Request(s)** \_\_\_\_\_

**Select Semester**       Fall       Spring       Full Year

**To be completed by the school counselor:**

*I have reviewed the student information provided herein and confirm it is accurate. I confirm the course(s) the student has requested is an appropriate placement based on the student's academic history, needs, and course prerequisites.*

Early College Scholar       Yes       No

STI # \_\_\_\_\_

Graduation Year \_\_\_\_\_

Counselor's Name \_\_\_\_\_

Date \_\_\_\_\_

Counselor's Signature \_\_\_\_\_

**In order to enroll in a Virtual Virginia course students and parents/guardians agree to the following:**

- Enrollment is on a first-come, first served basis; Virtual Virginia cannot guarantee enrollment.
- No enrollments will be accepted after **August 1<sup>st</sup> 2018**.
- Students enrolling in AP courses must be enrolled in the Early College Scholars Program.
- Students may only enroll in 1 credit Virtual Virginia courses.
- Students must take Virtual Virginia courses as part of their normal schedule.
- Students must register with the guidance counselor at their zoned school.
- Students must be on campus at their zoned school to complete assessments as mandated by Virtual Virginia, Chesapeake Public Schools, and the Virginia Department of Education.
- Students will be assigned a mentor at their home school.
- Enrollment in Virtual Virginia is contingent upon completion of all CPS course pre-requisites and in adherence with all procedures set forth by Chesapeake Public Schools.
- High school students have 5 days at the start of the semester to drop a course. Parents/guardians will be responsible for all fees associated with extenuating circumstances/late withdraws (after 21 calendar days) from Virtual Virginia courses.
- Marking period grades reflect the student's current average in the course and is not a final calculation for a specific term.

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

Date \_\_\_\_\_

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

Date \_\_\_\_\_

## Appendix D: Virtual Virginia Student Participation Agreement

The Student and Parent Acknowledgement (below) must be signed by both student and parent/guardian. The local school counselor is required to obtain signatures prior to each Virtual Virginia course start date, and keep this documentation on file in the school counseling office for the remainder of the academic year.

Through continuous communication and effective time management can students be successful in a Virtual Virginia course. To ensure that local school counselors, students and the parent/guardian are aware of the policies and procedures that accompany this commitment, please complete the Student and Parent/Guardian Acknowledgment below.

### Student Acknowledgement

I acknowledge that during the first 21 (calendar) days of being activated into my Virtual Virginia course, I may drop the course without penalty. I understand that for each online course, there are a minimum number of assignments that must be completed each week. Failure to submit the minimum number of assignments on a weekly basis may result in my removal from the course, my school being charged the \$75 withdrawal fee, and may result in a failing grade being reported on my academic transcript.

I also acknowledge that I will follow all policies and procedures outlined in the Virtual Virginia Student and Parent Handbook.

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

Date \_\_\_\_\_

### Parent/Guardian Acknowledgement

I acknowledge that I must coordinate with the local school counselor and local school mentor when the performance of my son/daughter in a Virtual Virginia course needs to be addressed.

In addition to the above acknowledgement, I

DO NOT want to be contacted by email regarding my son/daughter's performance.

DO want to be contacted by email regarding my son/daughter's performance and want to receive a parent auditor account. I give Virtual Virginia employees permission to contact me at the following email address.

Email address \_\_\_\_\_

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

Date \_\_\_\_\_

**Important Note:** Many types of email accounts, such as work e-mail accounts, are not secure. As such, employers or email service providers may have access to any confidential information (such as grades or performance) that Virtual Virginia communicates through email.