

# FARRELL AREA VIRTUAL ACADEMY

Application for Enrollment



Date of Application \_\_\_\_\_

STUDENT INFORMATION					
Name	First	Middle	Last	Date of Birth	
Address	Number	Street			Apt. #
	City		State	Zip Code	Phone
Email					

CURRENT SCHOOL				
School	Name of School		Phone	
	<input type="checkbox"/> Cyber Charter School / E-School <input type="checkbox"/> Home School <input type="checkbox"/> Traditional School			
Contact	First	Middle	Last	
Address	Number	Street		Apt. #
	City		State	Zip Code
Reason for attending the [Farrell Area Virtual Academy]				
Potential scheduling conflicts				

PARENT(S)/GUARDIAN(S) INFORMATION					
Name	First	Middle	Last		
Address	Number	Street			Apt. #
	City		State	Zip Code	Phone Number
Email					
Signature	<b>X</b>				
Name	First	Middle	Last		
Address	Number	Street			Apt. #
	City		State	Zip Code	Phone Number
Email					
Signature	<b>X</b>				

UNITED STATES DEPARTMENT OF EDUCATION ETHNIC CODES:					
<input type="checkbox"/> Native American	<input type="checkbox"/> Asian/Pacific	<input type="checkbox"/> African American	<input type="checkbox"/> Hispanic	<input type="checkbox"/> Caucasian	
Grade Level:	Special Ed:	<input type="checkbox"/> Yes	<input type="checkbox"/> No	ESL:	<input type="checkbox"/> Yes <input type="checkbox"/> No

FOR OFFICE USE ONLY:	
Student School ID Number:	Date of Received Application:
Date of Interview:	Orientation Date:
Family/District Agreement Date:	Enrollment Date:

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## Is the Farrell Area Virtual Academy the right fit for me?

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

- 4 = Strongly Agree
- 3 = Agree
- 2 = 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 on-line 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 course work 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

Please complete the following:

I have high-speed internet access in my home:	<input type="checkbox"/> Yes	<input type="checkbox"/> No
The last academic grade I have completed:		

**X**

Student Signature

Date

**X**

Parent/Guardian Signature

Date

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## Why do you want to enroll in the Farrell Area Virtual Academy?

Please compose a two to three paragraph essay that outlines the reasons why you would like to attend the Farrell Area Virtual Academy:

X

Student Signature

Date

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Upon enrolling in the **Farrell Area Virtual Academy**, I agree to:

- ✓ Complete the **Farrell Area Virtual Academy** enrollment process
- ✓ Provide my transcript from the 2016-17 school year at time of application
- ✓ Notify the **Farrell Area Virtual Academy** Cyber Coordinator of any difficulties connecting to the curriculum delivery system
- ✓ Notify the **Farrell Area Virtual Academy** Cyber Coordinator for support, as needed
- ✓ Notify the **Farrell Area Virtual Academy** Cyber Coordinator of any change in status
- ✓ 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
- ✓ Complete all mandated medical screenings prior to enrolling in the program
- ✓ Complete all required statewide testing at specified **FASD** building
- ✓ Be removed from **Farrell Area Virtual Academy** if found to be involved in any form of academic impropriety
- ✓ Acknowledge that failure to complete enrolled courses may result in truancy charges and that student/parent/guardian may be responsible for paying related costs in full
- ✓ Return equipment within one week of completion of, or withdrawal from, **Farrell Area Virtual Academy** program. Failure to do so may result in additional charges
- ✓ Return all textbooks to the **FASD** within one week of completion of, or withdrawal from, **Farrell Area Virtual Academy** program, if applicable. Failure to do so may result in additional charges

X

Student Signature

Date

X

Parent/Guardian Signature

Date

X

**Farrell Area Virtual Academy** Cyber Coordinator Signature

Date