

FARRELL DISTANCE LEARNING ACADEMY



Application for Enrollment

Date of Application _____

STUDENT INFORMATION

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

PARENT(S)/GUARDIAN(S) INFORMATION

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

STUDENT INFORMATION:

Grade Level:	Special Ed: <input type="checkbox"/> Yes <input type="checkbox"/> No	ESL: <input type="checkbox"/> Yes <input type="checkbox"/> No
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FOR OFFICE USE ONLY:

Student School ID Number:	Date of Received Application:
Technology Agreement and Payment:	Orientation Date:
Family/District Agreement Date:	Enrollment Date:

FARRELL DISTANCE LEARNING ACADEMY



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Is the Farrell Distance learning Academy the right fit for me?

To find out if you have what it takes to be a successful Farrell Distance Learning 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 / Google Docs 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 VIRTUAL LEARNING 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 VIRTUAL LEARNING 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 Virtual Learning student is my responsibility
	I am willing to contact my Teachers / 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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Upon enrolling in the Farrell Distance Learning Academy, I agree to:

- ✓ Complete the Farrell Distance Learning Academy enrollment process
- ✓ Notify the Curriculum Director of any difficulties connecting to the curriculum delivery system
- ✓ Notify the School Guidance Counselor for support, as needed
- ✓ Notify the School Guidance Counselor / Building Office 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 Distance Learning Academy if found to be involved in any form of academic impropriety
- ✓ **Distance Learning Academy option can not be discontinued prior to the end of each 9 week grading period. Any student enrolled in the Learning Academy must make a commitment to remain enrolled for the entire 9 week grading period.**
- ✓ 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 Distance Learning 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 Distance Learning Academy program, if applicable. Failure to do so may result in additional charges

X

Student Signature

Date

X

Parent/Guardian Signature

Date

X

[Farrell Distance Learning Academy] Cyber Coordinator Signature

Date

FARRELL DISTANCE LEARNING ACADEMY



Application for Enrollment

Contact Sheet

Dr. Lora Adams-King
Superintendent
724-509-1310

Mr. Matthew Fowler
High School Principal
724-509-1245

Ms. Japraunika Wright
Elementary Principal
724-509-1114

Mr. Brad Hoagland
Director of Technology
724-509-1308

Ms. Jordan Snyder
Elem Guidance Counselor
724-509-1145

Mrs. Alicia Sheasley
School District Nurse
724-509-1251

High School Administrative Asst.
Mrs. Joann Retone
724-509-1245

Mrs. Nichole Columbus
Director of Curriculum & Instruction
724-509-1304

Mr. Brian Veccia
Asst. High School Principal
724-509-1245

Mr. John Seybert
Director of Special Education
724-509-1216

Mrs. Jennifer Titus
HS Guidance Counselor
724-509-1255

Mrs. Doreen Scarmack
High School Nurse's Office
724-509-1253

Elementary Administrative Asst.
Mrs. Kim Gargano
724-509-1110