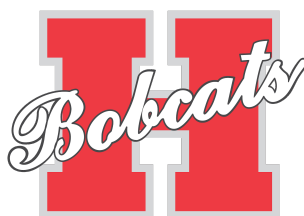


**Hope Public School District  
Kindergarten -- 4th Grade  
Hope from Home  
Virtual Learning Academy Application  
2021-2022**



If your child (K-4) or family has extenuating circumstances and needs to participate in the HPSD Virtual Learning Academy, please complete the following application.

**Deadline for Submission:** Friday, October 8, 2021

Review and final decision will be made by October 12, 2021. Campus review committee consists of the following members: Principal, school counselor, teacher.

Review committee will include the Assistant Superintendent of Special Services should a student receive special services.

Notice of decision will be made via phone call.

**Office Use Only:**

Date application received: \_\_\_\_\_

Person receiving application: \_\_\_\_\_

Campus: \_\_\_\_\_

**Student Information:**

<b>Name:</b>	
<b>Date of Birth:</b>	<b>Student Lunch ID #:</b>
<b>Campus:</b>	<b>Grade SY21-22:</b>

**Does your child receive any of the following services:**

	<b>Yes</b>	<b>No</b>	<b>Unsure</b>
Individualized Education Plan (IEP)			
504			
Speech			
Physical Therapy			
Occupational Therapy			
Gifted and Talented			
ESL			
Dyslexia Therapy			

**Parent Information:**

<b>Parent/Guardian 1</b>	<b>Parent/Guardian 2</b>
<b>Full Name</b>	<b>Full Name</b>
<b>Home Address</b>	<b>Home Address</b>
<b>Phone Number(s)</b>	<b>Phone Number(s)</b>
<b>E-mail Address</b>	<b>E-mail Address</b>

**Please state the reason(s) you are requesting your child be admitted to the HPSPD Virtual Learning Academy:**

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**Parents please attach the following:**

- ☐ Medical Documents supporting the need for virtual instruction.  
\*Documents will need to be signed by a physician.
- ☐ Supporting documents of extenuating circumstances

**Technology Information:**

Please check the appropriate statement regarding your internet access information for your household.

- \_\_\_\_\_ I already have home internet in place.
- \_\_\_\_\_ I will purchase home internet services before July 31st, 2021.
- \_\_\_\_\_ I need assistance from the district to secure internet access.

**Assurances**

Please read the statements below and initial beside each to acknowledge these conditions.

Parent/Guardian Initials	Assurance Statement
	I understand that my child will engage in virtual instruction. <b>Any changes in enrollment between virtual and in-person instruction will take place only at the end of a nine-week period.</b>
	I understand that attending the HPSD Virtual Academy is a privilege.
	I will provide the school with the correct address, phone number and email address information. Should changes occur, I will inform the school.
	I understand that attendance will be taken daily, and students must log onto the virtual platform, complete and submit work every day, Monday through Friday. District policies on attendance will be enforced.
	I understand that my child's online work will be graded and assigned an official grade for all work completed.
	I will abide by the proper usage agreement in using the district issued computer and/or WiFi device.
	I understand that damage to the district issued computer will result in my payment of the device.
	I will attend the mandatory parent orientation at my child's school.
	I will bring my child to their school campus for any state required testing or district screenings throughout the year.
	I understand that failure to abide by the school attendance policies will result in my child returning to their campus for face to face instruction.
	I understand that if my child fails to complete work in a timely manner it will result in my child returning to their campus for face to face instruction.
	Communication between student and teacher will be provided should my child fail to complete work daily.
	I have read and understand the HPSD handbook. I assure that my child has also read and understands the HPSD handbook.
	I have read and understand the HPSD Digital Learning Plan.

**For Office Use ONLY:**

Date application received: \_\_\_\_\_

Person receiving application: \_\_\_\_\_

Campus: \_\_\_\_\_

Student received instruction SY20-21:

\_\_\_\_\_ Face to face

\_\_\_\_\_ All Virtual

\_\_\_\_\_ Virtual then face to face

\_\_\_\_\_ Face to face then virtual

Student absences SY20-21: \_\_\_\_\_

**Attach the following:**

\_\_\_\_\_ Report Card

\_\_\_\_\_ Attendance Report (check attendance codes for quarantine days)

☐ Medical Documents supporting the need for virtual instruction are attached.

\*Documents will need to be signed by a physician.

**Decision:** ☐ Approved

☐ Denied

**Committee Members:**

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

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

Date of Parent Notification: \_\_\_\_\_

Person Notifying Parent: \_\_\_\_\_

Date Notification Letter was mailed: \_\_\_\_\_