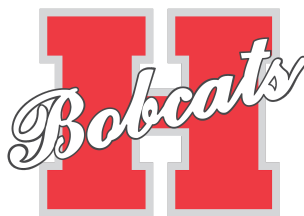


Hope Public School District
Grades 5 - 12
Hope from Home
Virtual Learning Academy Application
2021-2022



To begin the student enrollment process in the HPSD Virtual Learning Academy for the 2021-2022 school year, please complete and submit this form to your child's campus for review.

Deadline for Submission: DECEMBER 1, 2021

Review and final decision will be made on or before December 10, 2021. The sooner we receive your completed application, the sooner a decision can be made. 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 to the applicant's primary parent/guardian.

Office Use Only:

Date application received: _____

Person receiving application: _____

Campus: _____

Student Information:

Name:	
Date of Birth:	Student Lunch ID #:
Campus:	Grade SY21-22:

Does your child receive any of the following services:

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

Students please complete the following:

STUDENTS must complete: Using all categories below rank order yourself. Using the scale of 5-1, with 5 being the strongest and 1 being the weakest on the following characteristics.

Self - Motivated	<input type="checkbox"/>	Willingness to ask questions	<input type="checkbox"/>
Goal Oriented	<input type="checkbox"/>	Time Management	<input type="checkbox"/>
Computer Skilled	<input type="checkbox"/>	Independent Learner	<input type="checkbox"/>
Adaptable	<input type="checkbox"/>	Creative Problem Solver	<input type="checkbox"/>

Use the space below to identify two characteristics you consider strengths that will help you in being successful in the virtual academy.

1. _____

2. _____

Parent Information:

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

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

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 December 10, 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. Any changes in enrollment between virtual and in-person instruction will take place only at the end of a nine-week period.
	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 my 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:

First Semester Grades:

_____ Literacy

_____ Mathematics

_____ Science

_____ Social Studies

_____ Attendance Report (check attendance codes for quarantine days)

Decision: ☐ Approved

☐ Denied

Committee Members:

Date of Parent Notification: _____

Person Notifying Parent: _____

Date Notification Call was made: _____