# MERRILL COMMUNITY VIRTUAL SCHOOL STUDENT APPLICATION

District:	Building:	Date:
Student Name:		
Home Address:		
City:	Zip:	Male Female
Birthdate:		
Name of Parent(s)/Legal Guardians(s)	) Relationship	Phone Number
Parent/Guardian Email:		
Parent Cell Phone Number:		
Student Email:	Cell Phone:	
Current Number of Credits: GPA: Year of Graduation		
(attach transcripts) Why are you seeking a seat time waive	GPA:Yeard	of Graduation
(attach transcripts) Why are you seeking a seat time waive	GPA: Year of the ser option? Check all the	of Graduation
(attach transcripts)  Why are you seeking a seat time waive documentation may be required.)	GPA: Year of the ser option? Check all the	of Graduation t apply. (Appropriate ally/Family Issues
(attach transcripts)  Why are you seeking a seat time waive documentation may be required.)  Accelerated Learning	GPA: Year of the groption? Check all that Social/Emotion Please specify: Medical Situation Please specify: High Interest/Lo	of Graduation t apply. (Appropriate ally/Family Issues
(attach transcripts)  Why are you seeking a seat time waive documentation may be required.)  Accelerated Learning  Pregnant or Teen Parent	GPA:Year of the erroption? Check all the Grant Social/Emotion Please specify: Medical Situation Please specify: High Interest/Log Please specify:	of Graduation t apply. (Appropriate ally/Family Issues on ow Enrollment Courses

### **Merrill Community Virtual School**

### **Essay Questions**

Please respond to the questions stated below and turn in with your application.	Student Name:	Date:
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1. Why should you be given consideration for acceptance into a seat time waiver program? What has occurred in your life to cause you to apply for a seat time waiver? What are you willing to do to be successful? How will you benefit from this opportunity?

2. Describe your time management and organizational skills. How do you organize yourself? How would you keep yourself on track for successful completion?

## MERRILL COMMUNITY VIRTUAL SCHOOL Online Course Readiness Survey

Last	Name: First Name:
1.	My technology access is best described as:  □ I have a computer at home with Internet access and I have my own e-mail account.  □ I have regular access to a computer with Internet access and I have my own e-mail account.  □ I do not have a computer or an e-mail address.
2.	What type of Internet access do you have? □ Dial Up □ High Speed Cable □ None
3.	My experience with Blackboard:  ☐ Have accessed several times.  ☐ Have accessed before but I don't use it.  ☐ Have never used it.
4.	<ul> <li>My technology skills are best described as:</li> <li>□ I can use e-mail, web browsers, word-processing software, and can download files, and create attachments. I like trying to solve technology problems on my own and don't get frustrated easily.</li> <li>□ I can use e-mail, web browsers and word processing software. I don't feel comfortable solving technology problems on my own.</li> <li>□ I have used e-mail, web browsers and word-processing software, but I get frustrated when things don't work the way they should.</li> </ul>
5.	<ul> <li>Face-to-face communication is:</li> <li>□ Not essential to me. I understand that quality learning can take place without face- to-face interaction.</li> <li>□ Important to me and I wonder about my ability to learn without being able to see the instructor or other students.</li> <li>□ Essential and I can't learn unless I can interact in person with the instructor and other students.</li> </ul>
6.	When I need help in class:  ☐ I feel comfortable asking questions and asking for help when I need it. ☐ I hesitate to ask questions of the instructor, but I will ask for help if I need it. ☐ I don't like to ask questions or ask for help.
7.	The amount of uninterrupted time I have to devote to an online class is:  □ 15 hours or more per week, anytime during the day or night.  □ 10 hours per week, mainly at night.  □ Less than 10 hours per week.
8.	I would describe my personal style as:  ☐ Self-motivated, self-disciplined and organized.  ☐ Motivated, but I need help remembering assignments and due dates.  ☐ Pretty disorganized – I need someone to motivate me and help me stay on top of my coursework.

## MERRILL COMMUNITY VIRTUAL SCHOOL Online Course Readiness Survey

9.	When it comes to procrastination:  ☐ I rarely procrastinate. ☐ I sometimes procrastinate, but I always get my work in on time. ☐ I always procrastinate — I like to work under pressure.
10.	My reading and writing abilities are:  ☐ I enjoy reading and writing and have confidence in my abilities.  ☐ I read well but I'm not comfortable expressing myself in writing.  ☐ I don't like reading and look for classes without a lot of writing assignments.
11.	My critical thinking skills are best described as:  ☐ I can analyze class materials and formulate opinions on what I've learned. ☐ I can sometimes analyze class materials and form opinions but it is a struggle for me. ☐ Analyzing material is not something I do well.
12.	Class discussions are:  ☐ Important to me and useful in helping me learn the information presented in class. I ☐ Almost always participate in class discussions. ☐ Somewhat important to my learning. I sometimes participate in class discussions. ☐ Not very useful to me. I don't usually participate in class discussions.
13.	When it comes to learning:  ☐ I welcome opportunities to learn new things and master new technologies.  ☐ I get nervous around technology, but I like to learn.  ☐ I get nervous around technology and would rather not use it.
14.	I am considering taking an online course because:  □ I've taken an online course before and enjoyed the experience. □ I'm curious about online classes and have room in my schedule. □ I need the class for a graduation requirement or job situation and I can't fit it into my schedule.
15.	I think an online class:  ☐ Will be a breeze and easy to complete. ☐ May be difficult but I am capable of handling it. ☐ Will be difficult for me and I will need a lot of help.
6.	If I have problems with the course work or technology, I  ☐ Always have someone who is available to help me. ☐ Usually have someone available to help me. ☐ Sometimes have someone to help me.

Step 4
Completed by
Counselor/principal

#### Virtual Education

### Student Contract

Student Name:	School:
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**Student Policy**: Due to the uniqueness of the seat time waiver program, certain standards and behaviors are expected of students enrolling in this program. This policy is intended to make both the students and parents aware of these expectations.

As a student enrolled in a Seat Time Waiver program, I am aware that:

- 1. It is a privilege to participate in this program and, therefore, I am expected to adhere to the highest codes of conduct and integrity as a representative of my school district.
- 2. I understand that it is my responsibility to have access to the internet when working on the courses outlined in my seat time waiver program. If I have difficulty with access, I will contact the school and make alternative arrangements.
- 3. I understand that the online learning center is open for my use every day from 8:00 a.m. until 3:00 p.m. I will enter the lab from its outside door that faces the high school parking lot. While on campus I must sign into the high school office and adhere to the rules of student conduct.
- 4. I will adhere to the school's timelines for completion of course requirements. The district's policies will take precedence in meeting program requirements as dictated by the Department of Education.
  - a. Students are expected to work a minimum of 25 hours per week and show progress towards completed of their courses.
- 5. Certain standards are expected of me, as a student. Inappropriate use of the Internet of any kind will not be tolerated. All terms outlined in the district's Acceptable Use Policy (AUP) apply as well.
- 6. Anything to do in the courses taken can be retrieved and monitored by the mentor at anytime.

### Seat Time Waiver Signatures

Designated School Official	Date
Title	
Mentor Teacher Student Acknowledgment and Understanding: I have read, understand, and acknowledge all t document. I agree to abide by the guidelines a	Date he expectations and the policy as set forth in this s stated.
Student Signature	Date ·
Parent/Guardian Acknowledgment and Unders	tanding:
the seat time waiver program expectations. I uhelp determine his/her likelihood of success in student in his/her studies. I agree to be accessichild's progress and development. I understand student's success. I understand acceptance into	and stated expectations for my child and agree to support nderstand the participation in my child's education will the program. Therefore, I will monitor and support my ble and readily available to the mentor to discuss my differ management and attendance is vital to my of this program is a privilege and my child must maintain temain enrolled. Failure to follow these policies may
Parent/Guardian Signature	 Date