

La Joya Independent School District
Student Application / Texas Virtual Schools Network

- | | | | | | | | |
|-------------------------------------|--------------------------------------|---|-----------------------------------|---------------------------------|--------------------------------|----------------------------------|-------------------------------------|
| <input type="checkbox"/> La Joya HS | <input type="checkbox"/> Palmview HS | <input type="checkbox"/> Juarez-Lincoln | <input type="checkbox"/> West | <input type="checkbox"/> East | <input type="checkbox"/> CCC | <input type="checkbox"/> ECHSs | <input type="checkbox"/> Hope |
| <input type="checkbox"/> Richards | <input type="checkbox"/> De Zavala | <input type="checkbox"/> Chavez | <input type="checkbox"/> Memorial | <input type="checkbox"/> Garcia | <input type="checkbox"/> Seanz | <input type="checkbox"/> Trevino | <input type="checkbox"/> Salinas MS |

Student Name: _____ **Grade Level:** _____

Student ID# _____ **SSN#** _____

Course Name: _____

Start Day: _____ **End Day:** _____

- Reason student is enrolling:**
- | | |
|---|---|
| <input type="checkbox"/> Acceleration | <input type="checkbox"/> Advanced Placement |
| <input type="checkbox"/> Alternative School Program | <input type="checkbox"/> Credit Recovery |
| <input type="checkbox"/> Dual Credit | <input type="checkbox"/> Home Bound |
| <input type="checkbox"/> Not enrolled in Public school | <input type="checkbox"/> Course not available in current school |
| <input type="checkbox"/> Course not offered in current school | <input type="checkbox"/> High school course taken in 7 th or 8 th grade |
| <input type="checkbox"/> Schedule Conflict | |

Conference (Student & Parent) _____ **Date:** _____

Student Agreement (w/Parent Signature) _____ **Date:** _____

Computer Access at Home? _____ **Yes** _____ **No**

If No, how is student completing assignments? Explain: _____

Acknowledgments

I acknowledge I have been informed of the requirements of Texas Virtual School Network course (s) and I agree to complete the course and to contact my Texas Virtual School teacher and my La Joya ISD teacher and/or counselor if at any time I need help.

Student's Signature _____ Date _____

I acknowledge I have been informed of the requirements of Texas Virtual School Network course (s) and I acknowledge my son / daughter has computer and internet access at home.

Parent's Signature _____ Date _____

I acknowledge I have explained to both student and parent the requirements of the Texas Virtual School Network course (s) for which this student has registered. I also agree to meet with this student on a regular basis to check on student progress and/or testing needs.

(PRINT) COUNSELOR'S NAME _____ Counselor's Signature _____

I acknowledge I have conference with counselor and understand the requirements of the Texas Virtual School Network course (s) for which this student has registered.

Principal's Signature _____ Date _____

Payment for Course

Date: _____ **Cost of Course\$** _____ (total cost of course)

Amount Paid by Student: \$ _____ (Student pays 50% of cost)

Payment Received by (Print Name): _____