



# Edgewood City Schools District Virtual Academy Application



Student Name: \_\_\_\_\_  
Student ID: \_\_\_\_\_ Birthdate: \_\_\_\_\_  
Current School: \_\_\_\_\_ Current Grade: \_\_\_\_\_  
Street Address: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Parent/Guardian Name(s): \_\_\_\_\_  
Parent/guardian for preferred contact: \_\_\_\_\_  
Parent/Guardian Phone(s): \_\_\_\_\_  
Parent/Guardian Email(s): \_\_\_\_\_

Is student on an IEP or 504?  
Yes  No  If yes, explain: \_\_\_\_\_

Does student have a probation or diversion officer?  
Yes  No  If yes, name: \_\_\_\_\_

Does student have access to a computer and internet service at home? Yes  No

Is student employed? Yes  No  If yes, name of employer: \_\_\_\_\_

Career interests of the student: \_\_\_\_\_

Significant medical issues of the student: \_\_\_\_\_

Counseling history of the student: \_\_\_\_\_

Significant behavioral or academic issues of the student: \_\_\_\_\_

Virtual Academy Placement Preference (check one):

In-School Morning Session       In-School Afternoon Session       At-home

Basic Reason(s) for Application to Virtual Academy: \_\_\_\_\_

*(continued on page 2)*

*“PREPARING TO BE SUCCESSFUL IN AND OUT OF THE CLASSROOM”*

(continued from page 1)

Student: Please describe what issues or problems you have experienced in school, why you feel Virtual Academy is right for you, and what you will do to make sure you succeed:

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Parent/Guardian: Please explain what structure and support you will provide to ensure the success of the student in Virtual Academy:

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Student Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

*Please return this application to your school counselor or the main office at Edgewood High School.*



*“PREPARING TO BE SUCCESSFUL IN AND OUT OF THE CLASSROOM”*