

Sallisaw Virtual Academy Application

Student Name: _____ Grade: _____ Date: _____
Last Name First Name

Date of Birth: _____ Student Email: _____

Parent/Guardian Name: _____ Parent/Guardian Phone: _____

Parent/Guardian Email: _____

Do you have internet access? ___yes / ___no

Semester: ___Fall ___Spring ___Both Fall/Spring

IEP Team (If applicable): ___Admin ___Parent ___SPED Teacher

Expectations for Sallisaw Virtual Academy students:

1. Keep up with assignments daily.
2. Keep up with the course pacing chart.
3. Monitor assignments and grades.
4. Communicate regularly with assigned instructor(s).
5. Take state mandated exams at the testing site when scheduled.
6. Follow the school code of conduct.
7. Follow copyright laws.
8. Keep my password confidential.
9. Follow all course requirements, including note-taking and studying for exams.
10. Complete all courses within the scheduled time frame.
11. Maintain a passing grade in all courses assigned.
12. Check school email daily for correspondence from assigned teacher(s) and will contact my facilitating instructor(s) via email if I have questions and/or concerns.

Students will be allowed a ten day Sallisaw Virtual Academy probationary period. At the end of ten school days, the student's parent/guardian will inform the school if they wish for their student to return to the traditional school setting. If a student chooses the Sallisaw Virtual Academy as opposed to attending school in the traditional setting, they will remain a virtual student at least for the current semester.

Student Signature

Parent Signature

School Official Signature

Office use only:

Chromebook number: _____

Virtual work will be facilitated by ___ Edgenuity ___ Google Classroom