Bridge Creek Virtual Academy
REQUEST FOR ENROLLMENT

Student Name (Please Print) _______________________________________________________

Student Grade Level_______________ Student ID#_____________________

Student Cell Phone # (If Applicable ) _____________________ Student Email _______________________

Parent(s) / Legal Guardian Name________________________________________________ Relationship ________________

Parent Cell Phone # _______________________________ Parent Email ______________________________

Reason for Enrollment ________________________________________________________________

Please list any sibling also enrolling in the virtual academy _______________________________

Is the Student currently on a 504 Plan? An IEP? Have a Medical Alert? or Related Services?
Please List:_________________________________________________________________________

Does the student have access to a laptop or computer?    Circle YES or NO

Does the Student have reliable, accessible internet access at home? Circle YES or NO

Will a parent be present at home to provide support? Circle YES or NO

Will a parent be able to help monitor student progress on a weekly basis? Circle YES or NO
Virtual Learning is a minimum of a semester commitment. How long do you plan on participating in Virtual Learning?  Circle one: Full School Year  One Semester  Undecided

Will you allow your student’s name, photo, or videotaped image to be used for in school or public purposes?  Circle  YES  or  NO

Student will be participating in Grab-N-Go Meal(s):  Circle one

Breakfast Only  Lunch only  Breakfast and Lunch

Secondary Students: Will you be participating in extracurricular activities on campus? _____
If so, which activities ________________________________

High School Students Only: Do you need to take NCAA approved courses?  Circle  YES  or  NO

Has the student been enrolled in a virtual environment before?  Circle  YES  or  NO

Has the student had attendance concerns in the past?  Circle  YES  or  NO

Has the student had declining/failing grades before?  Circle  YES  or  NO

Please explain why your student will be successful in a virtual learning experience.
________________________________________________________________________________
________________________________________________________________________________
________________________________________________________________________________

What may be some challenges that your child may encounter while experiencing a virtual program?
________________________________________________________________________________
________________________________________________________________________________
________________________________________________________________________________

How do you envision Bridge Creek Virtual Academy meeting you child’s specific learning needs?
________________________________________________________________________________
________________________________________________________________________________
________________________________________________________________________________