

VIRTUAL SCHOOL PROGRAM FORM

Student Name: _____
(Please Print)

Grade Level: _____

Address: _____

Date of Birth: _____

Phone: _____

Parent/Guardian: _____
(Please Print)

Cell Phone: _____

Address: _____

Name of Virtual School Wanting to Attend: _____

Applying for Part Time or Full Time: _____

Courses Desired: _____

I have read and understand policies #343.3 – Virtual School Program and #343.31 – Virtual School Program Administrative Rule.

_____ Parent/Guardian Signature

I agree: The student is responsible for the tuition associated with the course and must provide the tuition fee prior to enrollment in the course. The District will reimburse the student the tuition fee paid upon successful completion of the course with a passing grade.

_____ Parent/Guardian Signature

Course(s) approved by school counselor and/or school administrator:

(signature)

(dated)

AFTER COURSE COMPLETION:

The District must receive the original receipt of tuition payment and an official copy of the transcript showing the course(s) and passing grades in order to process the tuition reimbursement request.

School counselor/administrator received: _____
(signature) (dated)

Official copy of transcript: _____

Original receipt of tuition payment: _____

Tuition reimbursement request sent to District Office on _____ for student tuition reimbursement.