

Virtual K-12 Registration FORM

Instructions: This form is part of the registration process. Carefully and legibly complete this form and submit it to your principal at your home-based school or to the Virtual Academy. Upon submission of the registration, a copy of the following documents will be needed: two current utility bills for proof of St. James Parish residency, birth certificate, social security card, shot records, and transcripts.

Applicant Information

 First Name Middle Name Last Name Preferred Name or Nickname

 Father's Name Mother's Name Guardian's Name

 Physical Address City State/Province Zip/Postal Code

 Mailing Address City State/Province Zip/Postal Code

 E-Mail Address

 Home Phone Number Cell Phone

 Birthdate Age Grade Level

- | | | |
|---------------------------------|--|---------------------------------------|
| <input type="checkbox"/> Male | Classification of student: | Which program are you interested in? |
| <input type="checkbox"/> Female | <input type="checkbox"/> Regular Education | <input type="checkbox"/> Full Virtual |
| | <input type="checkbox"/> 504 Student | <input type="checkbox"/> Blended |
| | <input type="checkbox"/> Special Education | |

For School Use Only

- Accepted
 Denied