Student Name: (Please Print Clearly) _____ **Date of Birth:** _____

Address: _____ / _____
Street   City   Zip   Mailing Address if different from physical

Parent Name: (Please Print Clearly) _____

Parent Phone Number: ___(home)_____ (cell)_____

Parent E-Mail Address: (Please Print Clearly) _____

Student e-mail Address: _____ @students.sjpsb.org

**Will you want breakfast and lunch for your student? ___Yes ___No   If yes, you will be responsible for pickup at your child's school.

------To be completed by Virtual Academy Enrollment Staff or Home-Base School Counselor-------

Course Requests:

Program Credit: (Circle One)

	Initial Credit	Credit Recovery	Accelerated Credit Recovery	Part A	Part B
1. _____	Initial Credit	Credit Recovery	Accelerated Credit Recovery	Part A	Part B
Reason:					
2. _____	Initial Credit	Credit Recovery	Accelerated Credit Recovery	Part A	Part B
Reason:					
3. _____	Initial Credit	Credit Recovery	Accelerated Credit Recovery	Part A	Part B
Reason:					
4. _____	Initial Credit	Credit Recovery	Accelerated Credit Recovery	Part A	Part B
Reason:					

**Note: A drop can result in a failing grade on transcript, student reimbursement for course, and/or student not being allowed to take another virtual course.

Student Classification
- ❏ Regular Education
- ❏ 504 student
- ❏ Special Education

Home-Based School/Grade Level
- ❏ PES   ❏ K   ❏ LHS   ❏ 7
- ❏ VES   ❏ 1   ❏ SJHS   ❏ 8
- ❏ CGMA   ❏ 2   ❏ 9
- ❏ SLA   ❏ 3   ❏ 10
- ❏ GES   ❏ 4   ❏ 11
- ❏ SWES   ❏ 5   ❏ 12
- ❏ 6

Schedule Type
- ❏ Full Virtual
- ❏ Blended Block 1, 2, 3, 4
- ❏ 5th Block

Academic Term
- ❏ Fall
- ❏ Spring
- ❏ Summer
- ❏ Full Year

Signatures

❏ Student Signature: _____ / Date: _____

❏ Parent/Guardian Signature: _____ / Date: _____

--For Virtual School Use Only--

❏ Request Approved   ❏ Request Denied – Reason: _____

Virtual Academy Administrator: _____ / _____
                                                                        Date

Enrollment Procedures (initial or N/A once procedure is complete)

Genius   Teacher Notification
_____ student enrolled   _____ course(s) enrolled   _____ teacher(s) e-mailed

JCampus
_____ schedule changed   _____ VIR code added   HR Teacher changed

Please email completed form to studentservices@sjpsb.org