

East Stroudsburg School District
VIRTUAL ACADEMY APPLICATION

Name: _____ DOB: _____ ID#: _____

Grade: _____ School: _____ Home Phone: () _____

Guidance Counselor: _____ Date of Request: ____/____/____

Address: _____

Parent(s)/Guardian(s) Name: _____

Parent(s) Cell #: () _____ Parent Email: _____

Guardian(s) Cell #: () _____ Guardian Email: _____

Student's Cell #: () _____ Student Email: _____

Do you have an IEP? Yes No. Case Manger's Name: _____

Hardware / Software Requirements

I am requesting that East Stroudsburg Area School provide a computer in order that I may participate in the Virtual Academy. I understand that I will be responsible for this computer and will need to sign a contract for this purpose.

Internet using a telephone connection, DSL, or cable modem. A high speed internet connection is recommended.

Microsoft Internet Explorer (6.0 or higher) or **Mozilla Firefox**. Mac users are recommended to use the Mozilla Firefox Web browser.

Microsoft Office 2003 or higher. Students may download Open Office if they do not have Microsoft Office.

NOTE: Internet reimbursement will be provided at \$30 per month for 10 months only. You must fill out the W-9 attached to the application in order to receive this stipend. Absences without excuse will result in a reduction in your stipend.

I UNDERSTAND THAT I AM REQUIRED TO DO THE FOLLOWING:

- (1) SPEND 27.5 HOURS A WEEK ON SCHOOLWORK Yes No
- (2) NOTIFY TEACHER(S) AND VIRTUAL ACADEMY DIRECTOR (WITHIN 48 HOURS) REGARDING TECHNICAL DIFFICULTIES Yes No
- (3) NOTIFY THE VIRTUAL ACADEMY IMMEDIATELY IF I BECOME ILL (DOCTOR'S NOTES MUST BE SUBMITTED TO VIRTUAL ACADEMY) Yes No
- (4) I UNDERSTAND THAT IF ANY OF THE ABOVE INFORMATION (EX: PHONE #, ADDRESS, ETC.) CHANGES, I WILL NOTIFY THE VIRTUAL ACADEMY IMMEDIATELY. Yes No
- (5) SUBMIT ASSIGNMENTS BY DUE DATE Yes No

Parent Signature: _____ Date: _____

Student Signature: _____ Date: _____

Filled out by counselor:

GPA: _____	# of Absences – 7 th _____	8 th _____	9 th _____	10 th _____	11 th _____	12 th _____
Credits Completed: _____	Credits need for Graduation: _____	Graduation Year: _____				
REASON FOR REFERRAL / APPLICATION: <input type="checkbox"/> Attendance <input type="checkbox"/> Administrative <input type="checkbox"/> Homebound						
<input type="checkbox"/> Cyber School <input type="checkbox"/> Pregnant/Parenting Teen <input type="checkbox"/> Drop Out <input type="checkbox"/> Other _____						

Acknowledgement of Receipt - Virtual Academy Application

(1) Current Guidance Counselor

Name: _____

I support Acceptance into Virtual Academy.
 Yes No No Basis for Judgment

Signature: _____

_____/_____/_____
Date Received Date Forwarded

(2) VA Guidance Counselor

Name: _____

I support Acceptance into Virtual Academy.
 Yes No No Basis for Judgment

Signature: _____

_____/_____/_____
Date Received Date Forwarded

(3) School Nurse

Name: _____

I support Acceptance into Virtual Academy.
 Yes No No Basis for Judgment

Signature: _____

_____/_____/_____
Date Received Date Forwarded

(4) School Principal

Name: _____

I support Acceptance into Virtual Academy.
 Yes No No Basis for Judgment

Signature: _____

_____/_____/_____
Date Received Date Forwarded

(5) Virtual Academy Director

Name: _____

This student has been accepted for enrollment into the Virtual Academy Yes No

Signature: _____ Date: _____

Date of Enrollment: ____/____/____

Virtual Academy CSI Agreement Signed: ____/____/____

Date of Orientation: ____/____/____