# TEEN Virtual Academy

## Student Enrollment Form (Age 18 and Under)

### Personal Information

Student Legal Name: _____
*Last* *First* *M.I.* *Maiden* *Date*

Address: _____
*Street Address*

_____
*City* *State* *ZIP Code*

Student Phone: _____ Student Email: _____

Father Name: _____ Father Email: _____

Mother Name: _____ Mother Email: _____

Father Phone: _____ Mother Phone: _____

Student lives with: _____

Date of Birth: _____ Social Security No.: _____ Gender: Male ☐ Female ☐

Which school district does the student currently reside in? USD 398 ☐ USD 408 ☐ USD 410 ☐ USD 487 ☐ OTHER ☐ List Other:

The student is a resident of Kansas? YES ☐ NO ☐

The student has previously earned a high school diploma? YES ☐ NO ☐

The student has an IEP? YES ☐ NO ☐

The student is homeless? YES ☐ NO ☐

The student has previously been expelled or suspended from school(s)? YES ☐ NO ☐

Name and location of your last school attended:

_____

_____

I give the TEEN Virtual Academy permission to request records from my previous school(s)? YES ☐ NO ☐

I give the TEEN Virtual Academy permission to release information pertinent to my educational progress to the following: Court Services ☐ Community Corrections ☐ DCF ☐ Other ☐ Contact Person:

Select one or more races from the following racial groups: American Indian/Alaska Native ☐ Asian ☐ Black or African American ☐ Native Hawaiian/Other Pacific Islander ☐ White ☐

Are you of Hispanic/Latino/Spanish origin? YES ☐ NO ☐

Are there any health issues TVA should know about? _____

Emergency Contact (other than parent/guardian): _____

## Home Language Survey

Upon enrollment, every student or parent/guardian must be given a Home Language Survey. This survey will be used to determine which students should be assessed for English proficiency. Knowledge of, or exposure to another language does not, in itself, qualify a student for ESOL services. If a language other than English is indicated in the questions below, the student will be assessed to determine eligibility for English for Speakers of Other Languages (ESOL) services. Please complete one form for each child.

**STUDENT LANGUAGE INFORMATION**

| | English | Spanish | Other |
|---|---|---|---|
| What language did your child first learn to speak/use? | ☐ | ☐ | ☐ |
| What language does your child speak/use at home? | ☐ | ☐ | ☐ |
| What language do you speak/use with your child? | ☐ | ☐ | ☐ |
| What language do the adults regularly present or living in your home speak/use while in the presence of your child? | ☐ | ☐ | ☐ |

Date first enrolled in a school in the U.S. _____

**PARENT LANGUAGE INFORMATION**

| | English | Spanish | Other |
|---|---|---|---|
| Which language do you prefer? | ☐ | ☐ | ☐ |

## Migrant Education Program Information

The Migrant Education Program (MEP) is authorized by Title I Part C of the Elementary and Secondary Education Act of 1965 (ESEA). The MEP provides formula grants to local education agencies to establish or improve education programs for children who may qualify for the Migrant Program. Please help us determine your child's eligibility for the Migrant Program by responding to the following questions.

| | YES | NO |
|---|---|---|
| Has your family moved in the last 36 months to obtain agriculture or fishing related work? | ☐ | ☐ |
| If yes, was the move from one school district to another? | ☐ | ☐ |

I certify that the information on this enrollment form is accurate and complete.

Parent Signature (if 17 and Under): _____

Date: _____

Student Signature: _____

Date: _____

**TEEN Virtual Academy**
**Student Contract**
**2016-2017**

As a student enrolled in the TEEN Virtual Academy, I agree to the following:

1. I understand it is my responsibility to promote academic integrity and hereby promise to complete my own schoolwork using my own effort and abilities. I will not provide unethical academic assistance to other students, nor will I accept unethical academic assistance from anyone else while enrolled as a student of the TEEN Virtual Academy. I understand that any violation of academic integrity may result in disciplinary action by the school administration and may be grounds for dismissal from the program.

2. I agree to complete all assignments and projects assigned for each of my classes in a timely manner. Furthermore, I will participate in and complete each course in which I am enrolled.

3. **I understand that I must be logged in and working on my courses on the two count days for 6 hours each day (excluding breaks and meals). These days will be scheduled by the TEEN Virtual Academy. For non-Edgenuity courses, a Student Activity Log will be required and must be signed by my parent/guardian.**

   | | | |
   |---|---|---|
   | **Two (2) 6-hour count days:** | **COUNT DAY 1** | **August 15 – Sept. 19** |
   | | **COUNT DAY 2** | **Sept. 21 – Oct. 4** |

4. I understand that I will be required to take proctored Kansas State Assessments at a time and location designated by the TEEN Virtual Academy.

5. I understand that I will be required to take proctored final exams for each course I am enrolled in at a time and location designated by the TEEN Virtual Academy.

6. I will respond to communication from teachers or staff members within 24 hours on school days.

7. I agree to abide by the policies listed in the TEEN Virtual Academy Handbook.

8. I understand that failure to maintain satisfactory academic progress (grades, progress, or attendance) will result in possible dismissal from the program.

9. I understand that the TEEN Virtual Academy and/or my home district are not responsible or able to filter content streaming through my home internet connection.

10. I understand that if I choose to use a TEEN Virtual Academy computer for my studies, I am responsible for all damages that occur while the computer is checked out to me.

11. I have read and signed a copy of the TEEN Virtual Academy Technology Usage Agreement.

12. **Adult Learners (19 and Over):** I understand I am liable for the cost of replacement (including repair) for willfully damaged, lost, or destroyed books, computers, software, or other property issued from the TEEN Virtual Academy or my home district. All materials, including the laptop, must be returned at completion and/or withdrawal from the TEEN Virtual Academy.

My signature below indicates that I understand and will abide by the terms of this student contract as written above and in the TEEN Virtual Academy Handbook.

Signature of Student _____Date_____

# TEEN Virtual Academy
# Parent Contract
**(For students age 17 and under)**
## 2016-2017

As a parent of a child who is enrolling in the TEEN Virtual Academy, I agree to the terms and conditions of the Student Contract, and I have read and understand the following Parent Contract:

1. I understand the importance of supporting my child's effort to maintain academic integrity in regards to completing assignments, projects, papers, and exams online. I will not provide unethical academic assistance to my child, but will provide learning support by monitoring his or her online efforts to complete assignments, projects, papers, and exams in an honest and ethical manner. I understand that any violation of academic integrity will result in disciplinary action, and may be grounds for dismissal from the program.

2. I understand that it is my responsibility to provide and pay an Internet Service Provider (ISP) for a connection to the Internet. I also understand that a DSL or faster connection speed is required to be able to use the video component of web conferencing.

3. I understand that I must maintain an email address for school communication and that my child(ren) must also have email account for communication with their teachers.

5. I am responsible for monitoring my child's class work and study schedule.

**6. I understand that my student must be online and working on their courses for 6 hours (excluding breaks and meals) on the set "count days". These two count days will be scheduled by the TEEN Virtual Academy. For Non-Edgenuity courses, I will be required to complete and sign a Student Activity Log and return it to the TEEN Virtual Academy director by September 30. For all courses, I will be required to monitor and supervise my student's work on the count days.**

| | | |
|---|---|---|
| **Two (2) 6-hour count days:** | **COUNT DAY 1** | **Aug. 15-Sept. 19** |
| | **COUNT DAY 2** | **Sept. 21-Oct. 4** |

7. I understand that my child will have to report on-site at the district or to a location designated by the TEEN Virtual Academy for each course final and all mandated state assessments.

8. I will read all announcements/calendar items and remain up-to-date with events and activities that are available for my child(ren).

9. I will read and reply to emails or other communications from the school within 24 hours of receipt on school days.

10. I understand it is my responsibility to notify the TEEN Virtual Academy immediately in case of any problem with email, logging onto the network, or accessing the curriculum.

11. I understand that the school is not responsible or able to filter content streaming through my home Internet connection.

12. I understand that I am liable for the cost of replacement (including repair) for willfully damaged, lost, or destroyed books, computers, software, or other property issued me from the TEEN Virtual Academy or my home district. All materials, including the laptop, must be returned at completion and/or withdrawal from the TEEN Virtual Academy.

13. I understand that my child's failure to make satisfactory academic progress (poor grades, attendance, or failure to meet progress goals) will result in possible withdrawal from the program as well as possible truancy reporting.

14. I have received and understand the Student Contract for the TEEN Virtual Academy.

My signature below indicates that I understand the terms of the Parent and Student Contracts and the virtual program policies as described.

Signature of Parent: _____ Date: _____

**TEEN Virtual Academy**
**Technology Usage Agreement**
**2016-2017**

1. Never share your passwords. You are accountable for all access to websites, computers, and technology for which you are assigned.

2. Treat all technology with respect. Do not vandalize any technology equipment. Deliberate attempts to degrade the computer networks or to disrupt system performance will result in disciplinary action.

3. Obey rules of copyright. (Do not copy and paste information into documents and submit that work as your original thoughts and ideas. Include a bibliography to document the source of any information you use. If you need help with copyright please contact your teacher.

4. Avoid any technology activity, which is illegal or involves inappropriate language, pictures, or graphics. E-mail and all other forms of electronic communication are to be used in a responsible manner. Students may not use vulgar, derogatory, or obscene language.

5. Do not give out any personal information, anonymous, or false information on the Internet.

6. Class work is always the priority for virtual program issued computers. Students who are declared absent because of not completing work will be required to return the program issued laptop.

7. Students may not engage in personal attacks or harassment of others, and may not post information about other students or teachers online without their permission.

8. Installation of peer-to-peer file-sharing programs is strictly forbidden. (Ex. LimeWire) Using iTunes or similar programs to share music is also forbidden.

9. I understand that failure to abide by the components of this agreement may result in suspension or expulsion from the TEEN Virtual Academy. Any violation of these rules will result in disciplinary action.

My signature below indicates that I understand the terms of this agreement and its policies concerning technology usage as written above, and accept responsibility for adhering to this agreement.

Signature of Student: _____ Date: _____

Signature of Parent (if student 17 and under): _____ Date: _____

# 2016-2017 Household Economic Survey

Do not complete this form if you are Directly Certified to receive free meals or if you have filled out a Child Nutrition Program Meal Benefits Application.

**For your school to receive specific state and federal benefits and funding, you must fill out this form.**

There are _____ people in my household, including all children and adults.

The total annual income for all people in the household **before any deductions** for taxes, insurance, medical expenses, child support, etc. is _____per year.

| Student Name | School | Grade | Date of Birth |
|---|---|---|---|
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☐ Additional students are listed on the back of this page.

***I certify (promise) that all information on this application is true and that all income is reported. I understand that the school will receive federal and state funding based on the information provided. I understand that school officials may verify (check) the information.***

_____ _____ _____

Signature of Parent or Guardian Date Phone

For School Use Only: ☐ Free ☐ Reduced ☐ Not Eligible