



Montgomery County Virtual Learning Academy

Application

SY 2021-2022

Student Name: _____

Date: _____

Student Information

Date of Birth: _____ Age: _____ Present Grade: _____

Present School or Most Recent School Attended: _____

Student's Strengths/ Hobbies/ Interests: _____

What things at school does your child find most difficult?:

Has your child been identified with having an Individual Education Plan (IEP), Section 504 Plan, or a medical diagnosis?: ___ Yes ___ No

If you answered yes, please provide additional information such as IEP eligibility, medical diagnosis, etc.

Does your child have a compelling need to be placed in a virtual learning setting? ___ Yes ___ No. If yes, please describe the need. (Please provide copies of any documentation supporting the need such as a doctor's or therapist note, etc.)

Why do you want your child to attend Montgomery County's Virtual Learning Academy?:

Describe your general plan to support your child in a virtual learning setting and ensure their success. (additional pages may be attached if needed)



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Parent/Guardian Information	
Name: _____	Relationship: Father Mother Guardian Other: _____
Address: _____	
Cell Phone #: _____	Work Phone #: _____
Email Address: _____	
Name: _____	Relationship: Father Mother Guardian Other: _____
Address: _____	
Cell Phone #: _____	Work Phone #: _____
Email Address: _____	
*NOTICE: If this student is/or becomes age 18 during their enrollment in the Virtual Learning Academy, they must sign a consent for release of information allowing their parent(s) to participate in all related meetings and allow communications between parents and the Virtual Learning Academy staff. Failure to sign such a release may result in their discharge from the Virtual Learning Academy.	

Other Agencies Currently Supporting This Student (skip this section if not applicable):	
Agency: _____	Contact Person: _____
Phone #: _____	Email Address: _____
Agency: _____	Contact Person: _____
Phone #: _____	Email Address: _____
Agency: _____	Contact Person: _____
Phone #: _____	Email Address: _____



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Student and Parent/ Guardian Acknowledgements:

- I understand that if I am accepted into the MoCo Virtual Learning Academy, it is a voluntary program that I am choosing to join. I agree to exhibit to the best of my ability positive academic effort, positive behaviors, and positive social skills.
- I understand that in order to maintain my enrollment at the MoCo Virtual Learning Academy I must maintain a consistent record of good attendance for all virtual and in-person sessions, good behavior, and must put forth a good faith effort in all of my class work. (*K-5 students will be required to attend at minimum two synchronous/live (zoom) sessions every day.)
- I understand that I am committing to a minimum of one semester.
- I understand that I must have reliable high-speed internet service and must provide a reliable device with a webcam and microphone. (Device with a keyboard is required - no smart phones, tablets, etc.)
- I understand that I must have a distraction-free learning environment and wear attire acceptable for school during all live sessions.
- I understand I am required to take all major unit assessments and all required local, state, and federal assessments in-person at your school.
- I understand after calendar 10 consecutive days of inactivity/nonparticipation, I may be withdrawn from the VLA and will be required to enroll in my home school.

- My goals for myself if I am granted admission to the Virtual Learning Academy include, but are not limited to, the following:

Behavioral and/or Personal Goals

1. _____
2. _____

Academic Goals

1. _____
2. _____

By signing this contact, I am agreeing to statements listed above. I also am acknowledging that I have received and read the Montgomery County Virtual Learning Description/Handbook.

Student Signature: _____ **Date:** _____

Parent/ Guardian Signature: _____ **Date:** _____

Parent/ Guardian Signature: _____ **Date:** _____