

Madison County Virtual Program Application

Previous School:

Grade Level Last Completed:

Student's Full Legal Name:

Last: First Middle Suffix

Student Email Address:

Date of Birth / / Gender Race Grade
Month Date Year

Parent Guardian Information:

Student lives with:

Cell Phone:

Legal Guardian

Relationship

Work Phone:

House #: Street Name: Apt. #: City:

State: Zip Code:

Mailing Address if different from Residence Address

House #: Street Name: Apt. #: City:

State: Zip Code:

Is there a shared-custody or parenting plan in effect? ☐ Yes ☐ No (If yes, plan must be on file with the school for enforcement.)
Is there a restraining order in effect? ☐ Yes ☐ No (If yes, legal papers must be on file with the school for enforcement.)
Restraining Order Against: ☐ Mother ☐ Father ☐ Other

Acknowledgement

I am registering my child to participate in the Madison County Virtual Program. I understand that for my child to be successful in the virtual learning environment, he/she will:

- Have a dedicated work space, proper internet connection, a computer for each student, printer/scanner or mobile device to capture images of assignments for uploading and headphones, microphone, and webcam to participate in Class Time and online assignments.
- Have an adult who will act as a "Learning Coach" to help the student stay on track with all assignments
- Participate in regular communication with teachers through email, phone calls, Class Time sessions and online discussions.

Parent/Guardian Signature

Date