

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