



Florida Virtual Academies
Attn: Operations Manager
9143 Phillips Highway
Jacksonville, 32256

Ph. 855.753.7143
Fx. 407.386.6325
<http://www.k12.com/flva/>

2015-2016 Application Package Instructions/Checklist

Based on your student(s) grade and applicable circumstances, complete one enrollment package and review the information below to determine what you should submit for each student seeking admission to the Florida Virtual Academies (FLVA). You can fax, scan and email, or mail the required paperwork.

Important Note: Please send copies, do not mail the original documents

Fax (preferred):
1-407-386-6325

Scan and Email:
flvafax@k12.com

Mail:
Florida Virtual Academies
Attn: Operations Manager
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Required For?	Item	Description	Provided by?
Required for all Students	Proof of Age	Official Birth Certificate (not the hospital issued certificate)	Provided by you
	Proof of Residency	Two of the following: Current utility bill showing service address OR Mortgage Statement/Rental contract including signature page OR recent tax statement	Provided by you
	Immunization Record	Current Immunization Record on the Florida Form 680	Provided by you
	Student Information Form	Please complete this form and sign.	Provided in this packet
	Family Information Form	Please complete this form and sign.	Provided in this packet
	Enrollment Acceptance and Acknowledgement of Expectations Form	Please complete this form and sign.	Provided in this packet
	Agreement for Use of Instructional Property / FERPA Form	Please complete this form and sign.	Provided in this packet
	Release Information Form	Please complete this form and sign.	Provided in this packet
	Letter of Intent to Withdraw	Please complete this form and sign.	Provided in this packet
	Release of Records	By filling out this form, you are giving our school permission to request your student's official records from their previous school after the approval process. If your child is enrolling in Kindergarten or was Homeschooled please indicate it on the form, fill out the top portion and sign it.	Provided in this packet
	Report Card	The most recent Report Card, except for students always homeschooled.	Provided by you

Student Information Form

Florida Virtual Academies

Required for each student applying to FLVA. (Questions? Call 1-855-753-7143)

Student's Legal Name: _____
last first middle

Preferred Name: _____

Gender: _____ **Age: (as of 9/1/2015)** _____ **Date of Birth:** _____

Mailing Address: _____
street apt #

city county state zip

Shipping Address: _____
street apt #

city county state zip

Social Security Number: _____ **Home Phone:** _____

Is your student Hispanic or Latino origin?: _____

What is the single ethnicity that best describes your child? _____

What race(s) do you consider your child?(check all that apply): ☐ White ☐ Black or African American ☐ Asian
☐ Native Hawaiian or other Pacific Islander ☐ American Indian or Alaskan Native

Is a language other than English used in the home? _____

Did the student have a first language other than English? _____

Does the student most frequently speak a language other than English? _____

Schooling Information

Current Grade Level: _____ **Grade Level Applying For:** _____

Type of Previous School: _____

Name of most recent school attended: _____

Address of most recent school attended: _____
street

city state zip

When did the student enroll in the school listed above? _____
month year

Did the student withdraw from the school before the end of the school year? _____ **If yes, please specify month:** _____

School of Residence: _____

School District of Residence: _____

Name of School Attended on October 1, 2014: _____

Name of District Attended on October 1, 2014: _____

Student has been expelled from school?: _____

Family Information Form

Florida Virtual Academies

This form only needs to be filled out once per family, regardless of the number of students applying.

Parent/Guardian One: _____ **Relationship to student:** _____
last first middle

Home Phone: _____ **Alternate Phone:** _____ **Legal Guardian?** _____

Parent/Guardian One's Mailing Address: _____
street apt #

city county state zip

Highest level of education completed: _____

Parent/Guardian Two : _____ **Relationship to student:** _____
last first middle

Home Phone: _____ **Alternate Phone:** _____ **Legal Guardian?** _____

Parent/Guardian Two's Mailing Address: _____
street apt #

city county state zip

Highest level of education completed: _____

Name(s) of Parent/Guardian with whom student resides: _____ **Relationship to student:** _____

What is the primary language spoken in your home: _____

Primary Adult Working with Student

FLVA will assign a teacher for your student. In addition, the school program requires that you specify an adult to have the primary responsibility for working with your student on a daily basis. The primary adult may be a parent, legal guardian, or someone else of your choosing. If other than a parent or legal guardian, you will be asked to provide additional information after you enroll.

Primary Adult's Name: _____ **Relationship to student:** _____

Home Phone: _____ **Alternate Phone:** _____

Primary Adult's Legal Address: _____
street apt #

city county state zip

Primary Adult's E-mail address: _____
e-mail

Sibling Information

Please list the names of any students you currently have enrolled in FLVA: _____

Please list the name of each student applying to FLVA for the 2015-2016 school year: _____

Student's Name: **K12 Florida LLC**

Student's Home Phone: _____



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Enrollment Acceptance

Statement of Education Equality

FLVA is committed to a policy of education equality. Accordingly, the program admits students and conducts all educational programs, activities, and employment practices without regard to ethnicity, national origin, gender, income level, disabling condition, proficiency in the English language, or athletic ability, race, color, religion, sex, age, handicap, or any other legally protected classification. Any person having inquiries concerning the school's compliance with regulations implementing Title VII of the Civil Rights Act of 1964, Title IX of the Educational Amendment of 1972, Section 504 of the Rehabilitation Act, the Americans with Disabilities Act, or the Individuals with Disabilities Education Act is directed to contact:

Florida Virtual Academies
Attn: Operations Manager
9143 Philips Hwy
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Jacksonville, FL 32256
Ph. 877-753-7143

Acknowledgment of Expectations

Please initial each of the following statements.

☐

I understand that by submission of this form I am requesting to enroll my student in a Florida public school with attendance requirements of 180 days of school. Attendance hours must be supervised by the primary teaching adult.

☐

I understand that public school enrollment includes participation in the required state testing program in addition to school testing requirements.

☐

I understand that I am expected to become knowledgeable about the K12[®] curriculum and all other school policies.

☐

I will follow the guidance and support of a certified teacher in implementing the K12[®] program with my student.

☐

I understand that regular attendance and progress is a requirement of FLVA and that I will be responsible for logging accurate attendance and progress daily. Teachers will review progress and consider other factors, including parental input, when making student advancement decisions.

☐

I understand that I am required to participate in all conferences scheduled with my student's teacher(s) during normal work hours and that I will submit work samples as requested by administration and my teacher.

☐

I understand that FLVA is a full-time public school and that my student may not be enrolled or participate in any other Florida public school or public school activities that are not considered extra-curricular or take place during the school day.

☐

I have the legal authority to make school choice decisions for this student.

☐

I understand that failure to comply with school or district policy could result in removal from FLVA. FLVA will work with the Sponsor district in accordance with truancy and expulsion procedures if students fail to comply with attendance and student code of conduct policies.

Please accept this signed and completed document to enroll _____ (student's name) in the Florida Virtual Academies for the 2015-2016 academic year. I understand that completion of this enrollment form does not guarantee admission into the program.

Parent/Guardian's Signature: _____ Date: _____

Student's Name: **K12 Florida LLC**

Student's Home Phone: _____



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Agreement for Use of Instructional Property

Responsible Party is the parent or legal guardian of the Student, who is enrolling at FLVA beginning with the 2015–2016 academic

FLVA has made arrangements with K12 Inc. and/or its affiliates ("K12") to permit each Student to use certain computer equipment, software, and related instructional books and materials ("Instructional Property") to facilitate the Student's education while enrolled in FLVA.

Responsible Party hereby agrees to the following:

1. Use of Instructional Property. FLVA and K12 shall permit the Student and the Responsible Party to use the Instructional Property listed on the attached Appendix 1–Instructional Property Schedule. FLVA and K12 reserve the right to add, change, substitute, and/or delete individual items on the Instructional Property Schedule from time to time.
2. Term. Responsible Adult's and Student's rights to use and possess the Instructional Property expire upon the Student's termination of enrollment. Notwithstanding the foregoing, FLVA and K12 reserve the right to terminate any right to use and possession immediately if either has reason to believe that any term or condition of this Agreement is being violated. Responsible Party shall return all of the Instructional Property as instructed within five (5) days of the termination date in the same condition as delivered, normal wear and tear excepted.
3. Ownership. At no time shall legal title to or ownership of any of the Instructional Property vest in the Responsible Party or Student, who shall only have the rights to temporary use and possession as provided herein.
4. Condition of Instructional Property. Responsible Party agrees to fill out, sign, and return the Instructional Property Receipt Acknowledgment Form (to be enclosed with Instructional Property) to FLVA to acknowledge receipt of the Instructional Property and to affirm that it is all in satisfactory operating condition upon receipt.
5. Responsibility for Instructional Property. Responsible Party must maintain the Instructional Property at the Responsible Party's residence set forth as the shipping address in the enrollment form unless Responsible Party provides thirty (30) days' written notice and the new address to FLVA. Responsible Party shall be solely liable for any loss or damage to the Instructional Property until it is received back by K12 and shall take all reasonable precautions to protect it. Responsible Party agrees to inform FLVA of any loss or damage to the Instructional Property from any cause whatsoever within three (3) days of the loss or occurrence of damage. FLVA and/or K12 will provide the Responsible Party with a loss report form that will include provisions for the Responsible Party to pay for the lost or damaged Instructional Property and, upon receipt, will allow FLVA to ship or have shipped replacement Instructional Property.
6. Maintenance and Repair. Responsible Party is responsible for maintenance and repair of the Instructional Property while in his or her possession and will follow all instructions for Instructional Property requiring repairs as directed by K12 Technical Support and the Warranty Agreement with the Original Equipment Manufacturer. Responsible Party is solely responsible for upgrading to new software versions when publicly available, obtaining and installing antivirus file updates, and overall maintenance of each software application provided.
7. Use of Instructional Property. Responsible Party agrees that: (i) Instructional Property may be used solely for the education of the Student while enrolled at FLVA and not for the benefit of any other person or for any other purpose, (ii) all Instructional Property shall be used in accordance with FLVA policies and rules and K12's and the manufacturer's instructions, (iii) each software application provided shall be subject to, and used in accordance with, the license and/or use agreement that accompanies that software application, (iv) all usage of the Instructional Property shall be subject to FLVA policies and rules regarding Network/Internet use and protocol, (v) Responsible Party is solely responsible for ensuring that the software settings, default configurations, and administrative privileges are maintained at the original specified settings that the Instructional Property had upon delivery and will be liable for any resulting damage to the Instructional Property, any files, and/or other software applications if these default settings are changed or modified without explicit authorization from K12 Technical Support, and (vi) Responsible Party is solely responsible for keeping User IDs and passwords confidential to prevent unauthorized usage and understands that passwords should be changed on a regular basis.

8. General Indemnity. Responsible Party agrees to indemnify, defend, and hold harmless FLVA, K12, and any sponsoring School District or Authority, their respective employees, officers, directors, agents, assignees, and all affiliated companies and/or entities ("Indemnified Parties") from and against any and all claims, actions, suits, proceedings, costs, expenses (including, without limitation, court costs and attorney fees), damages, obligations, judgments, orders, penalties, fines, injuries, liabilities, and losses arising directly or indirectly out of or in connection with any matter covered by this Agreement, other than those caused by FLVA or K12.
9. DISCLAIMER OF WARRANTIES. NO INDEMNIFIED PARTY MAKES ANY WARRANTY OR REPRESENTATION, EITHER EXPRESS OR IMPLIED, AS TO THE VALUE, DESIGN, CONDITION, MERCHANTABILITY, OR FITNESS FOR A PARTICULAR PURPOSE, OR FITNESS FOR USE OF ANY OF THE INSTRUCTIONAL PROPERTY. IN NO EVENT SHALL ANY INDEMNIFIED PARTY BE LIABLE FOR ANY ACTUAL, INCIDENTAL, DIRECT, INDIRECT, SPECIAL, OR CONSEQUENTIAL DAMAGES IN CONNECTION WITH OR ARISING OUT OF THIS AGREEMENT, OR THE EXISTENCE, FURNISHING, FUNCTIONING, USAGE, OR MAINTENANCE OF ANY INSTRUCTIONAL PROPERTY PROVIDED UNDER THIS AGREEMENT.
10. Insurance. Responsible Party agrees to maintain at his or her expense adequate insurance to cover damage to the Instructional Property by fire, theft, flood, explosion, accident, act of God, or other cause to the full replacement value of the Instructional Property and agrees that he or she will be financially liable for it regardless of the availability of insurance proceeds.
11. Miscellaneous. Responsible Party represents that he or she has the power to bind all of Student's parents or legal guardians, all of whom shall be bound by these terms. Responsible Party cannot amend this Agreement unless accepted in writing by an authorized representative of FLVA. This Agreement shall constitute the entire agreement between the parties with regard to the Instructional Property and any prior understanding or representation of any kind shall not be binding on either party, except to the extent incorporated herein. The waiver of any right under this Agreement by either party shall not be construed as a waiver of the same right at a future time or a waiver of any other right under this Agreement. This Agreement shall be construed and enforced in accordance with the laws of the state of Florida.

Responsible Party's Name:

last

first

middle

Responsible Party's Signature:**Date:**



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Family Educational Rights and Privacy Act (FERPA) Consent Form

The Family Educational Rights and Privacy Act (FERPA) gives parents and students over 18 years of age ("eligible students") certain rights regarding the student's education records. One of those rights is the right to consent to disclosures of personally identifiable information contained in the student's education records.

Florida Virtual Academies (FLVA) and its designated curriculum provider, K12 Inc., have found that to best serve the student's education needs, it is necessary to disclose a student's name and address to the following classes of vendors that provide important services related to your student's education. In all cases, these vendors will have agreed to ensure the confidentiality of the student's name and address and to not use the information for purposes other than that contracted for the student's education needs.

- Suppliers of computers and educational materials for purposes of shipping to and from the student's home
- Customer care providers that handle support calls for K12 Inc.
- Internet service provider
- Companies that enter the student information into a computer database for use by school officials
- Speakers or presenters presenting or participating in synchronous web-conferencing sessions
- Computer professionals that host and maintain K12 Inc.'s student account management systems
- Other contractors and subcontractors that FLVA and/or K12 Inc. identify as necessary to providing education services

To best serve the student, FLVA requests the following parental consent to disclose the student's name and address to the specified class of contractors.

I hereby agree that my student's name, address and other information as necessary, be provided to the above identified contractors to ensure that FLVA can best meet my student's education needs.

Parent/Guardian's Signature: _____ Date: _____



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Release Information

Student Directory

Do we have your permission to publish the parent's and student's name, address, e-mail, and phone number in the student directory?

☐ Yes ☐ No

Photo/Video Release

Throughout the year, there are occasions when the Florida Virtual Academies (FLVA) and/or K12 Inc. may want to take pictures/videos of your student participating in activities related to the school. We may use, duplicate, broadcast, distribute, and display these pictures/videos in FLVA or K12 Inc. publications, local newspapers, school website and/or homerooms, advertising, at FLVA or K12 facilities, or on the websites maintained for them. We request that you sign this photo/video release for your student to allow us to record on film, tape, or otherwise, to edit such items as desirable or necessary, and to use the student's name, likeness, image, voice, and performance as outlined above. Thank you in advance for your support and understanding.

Student's Name: _____
last first middle

☐ I give my consent for FLVA/K12 Inc. to use pictures/video of my student.

☐ I do NOT give my consent for FLVA/K12 Inc. to use pictures/video of my student.

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



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Release of Student Records

Please accept this document as formal approval for the release of all official school records (including the record of transcripts, testing information, special education, health and immunization records).

Student Information

Student's Full Name: _____
first middle last

Student's Date of Birth: _____

Student's Legal Address: _____
street apt #

_____ city county state zip

Home Phone: _____

Homeschooled or Never Previously Enrolled in School (Fill out only if applicable)

Check below if applicable:

- ☐ Student was always previously homeschooled
☐ Student is enrolling in Kindergarten

Prior School Information

Name of Prior School: _____

School's Address: _____
street

_____ city county state zip

School's Phone: _____

School's Fax: _____

Sign and Date below

Name of Parent or Legal Guardian: _____
first last

Parent/Guardian's Signature: _____ Date: _____

SCHOOL OFFICIALS ONLY:

Send student records to:

Florida Virtual Academies
Attn: Operations Manager
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Letter of Intent to Withdraw

Date _____

Address of school student is withdrawing from:

School Name: _____

School Address: _____
Street

City State Zip Code

School Phone Number: _____

School Fax Number: _____

To Whom It May Concern,

This letter is to inform you of my intent to enroll _____
Student First Name Student Last Name

in the Florida Virtual Academies for the 2015-2016 school year. By signing this letter, I am authorizing you to release my students complete academic, discipline, medical, confidential and special education records to the **Florida Virtual Academies, Enrollment Processing Center, 2300 Corporate Park Drive, Ste 200, Herndon VA 20171. Fax 225-308-4256.**

Respectfully,

Parent/Legal Guardian Name: _____

Parent/Legal Guardian Signature: _____

Parent/Legal Guardian Address: _____
Street

City State Zip Code



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2015-2016 Family Income Form

In order to determine if FLVA will receive federal Title I funds for reading and/or mathematics or other services, certain information is needed. Please complete this form and submit it with your enrollment documents. List only those students enrolled in FLVA.

Student Information

Please print the name of all children enrolled in FLVA.

NAME	BIRTH DATE	SEX	GRADE	DISTRICT OF RESIDENCE (WHERE YOU LIVE)	INDICATE IF CHILD IS A FOSTER CHILD, WARD OF COURT, OR FOOD STAMP RECIPIENT

Calculating Household Income

In order to determine if FLVA will receive Title I funds, you will have to calculate the total amount of income in your household. Include all income for all household members (include yourself, all children in the home, your spouse, grandparents, and all others related and unrelated in your household). See lists below of the type of income to report.

Earnings from work:

- ☐ Wages/salaries/tips
- ☐ Strike benefits
- ☐ Unemployment Compensation
- ☐ Worker's Compensation
- ☐ Net income from self-owned business or farm

Pensions/Retirements/Social Security:

- ☐ Pensions
- ☐ Supplemental Security Income
- ☐ Retirement income
- ☐ Social Security

Public Assistance/Child Support/Alimony:

- ☐ Public assistance/welfare payments
- ☐ Alimony/child support payments

Other Income:

- ☐ Disability benefits
- ☐ Interest dividends
- ☐ Cash withdrawn from savings
- ☐ Estate/trusts/investments
- ☐ Regular contributions from person(s) not living in household
- ☐ Net royalties/annuities/net rental income

Household Income

Total number of **all** household members, whether they receive income or not: _____

Total of **all** household members' income before taxes or anything else is taken out. Fill in the one that is easiest for you to calculate:

\$ _____ **OR** \$ _____ **OR** \$ _____
annually monthly weekly

Certification and Signature

I certify that all of the above information is true and correct, and that all income is reported. I understand this information is being given for the receipt of federal funds, and that school officials may verify the information on the form.

Parent/Guardian's Signature: _____ Date: _____

Student's Name: **K12 Florida LLC**

Student's Home Phone: _____