



Enrollment Application

Please complete one enrollment packet per student and review the information below to determine what you should submit for each student seeking admission to the Manhattan Virtual Academy (MVA). You can complete this as a fillable form, save it to your desktop, then email to MVA. Or you can fax, scan and email, or mail the required paperwork.

***Materials Fee \$85.00 for Full-Time Enrollment. MVA will only enroll students full time due to changes in Kansas virtual education funding. Please make check or money order payable to Manhattan Virtual Academy and mail to: 2100 Poyntz Ave, Manhattan, KS 66502. Material fee refunds given within first week of class only.**

If you are paying by Credit Card, please call the Manhattan Office at: (785) 587-2100 ext. 8073

Important Note: Please send copies of the birth certificate and immunizations; do not mail the original documents

Fax:
(785) 587-2140

Scan and Email:
monicaw@usd383.org

Mail:
Manhattan High School
Manhattan Virtual Academy
2100 Poyntz Avenue
Manhattan, KS 66502

Please ensure that you have included the following items when returning your enrollment packet:

(Included in this packet)

1. Student Information Page
2. Parent/Guardian Information Page
3. Emergency Contact Information Page (needs parent signature)
4. MVA Enrollment Contract (needs parent signature)
5. MVA Release Form (needs parent signature)
6. Official Request for Student Records (needs parent signature)
7. Residency / Employment Questionnaire
8. Home Language Survey
9. Materials Fee Request Form
10. Copy of Immunization Record
11. Copy of Birth Certificate



Manhattan Virtual Academy Enrollment Application
2016-2017 Academic Year

STUDENT INFORMATION
STUDENT'S LEGAL NAME DATE OF APPLICATION:
BIRTH DATE GENDER: BIRTHPLACE STUDENT CELL PHONE (w/area code):
LAST SCHOOL ATTENDED: DISTRICT SCHOOL # GRADE LEVEL 2016-17 STUDENT PERSONAL EMAIL:
STUDENTS STREET ADDRESS: MONTH/YEAR ENTERED 9TH GRADE:
CITY, STATE, ZIP:
PROOF OF IMMUNIZATION (important: student cannot be enrolled without updated immunization records):
HAS THE STUDENT EVER BEEN ENROLLED IN A SPECIAL EDUCATION PROGRAM?
IS THE STUDENT CURRENTLY EXPELLED FROM ANOTHER SCHOOL?
If yes, date of expulsion:
ETHNICITY/RACE OF STUDENT:
PART A: Is the student Hispanic/Latino? (Choose only one) No, not
PART B: What is the student's race? (Choose one or more)



PARENT/GUARDIAN #1 CONTACT INFORMATION

STUDENT'S PRIMARY/LEGAL ADDRESS IS WITH: <input type="checkbox"/> BOTH PARENTS <input type="checkbox"/> MOTHER <input type="checkbox"/> FATHER <input type="checkbox"/> OTHER (please explain):		
PARENT/GUARDIAN NAME:	RELATIONSHIP TO STUDENT: <input type="checkbox"/> MOTHER <input type="checkbox"/> FATHER <input type="checkbox"/> LEGAL GUARDIAN <input type="checkbox"/> OTHER	
HOME ADDRESS:	ACTIVE MILITARY: <input type="checkbox"/> YES <input type="checkbox"/> NO Rank: _____ Unit Name: _____	
CITY, STATE, ZIP:		
SCHOOL DISTRICT OF RESIDENCE (please note district number e.g. USD 383):		
HOME PHONE (w/area code):	WORK PHONE (w/area code):	CELL PHONE (w/area code):
PLACE OF WORK:		EMAIL:

PARENT/GUARDIAN #2 CONTACT INFORMATION

PARENT/GUARDIAN NAME:	RELATIONSHIP TO STUDENT: <input type="checkbox"/> MOTHER <input type="checkbox"/> FATHER <input type="checkbox"/> LEGAL GUARDIAN <input type="checkbox"/> OTHER	
HOME ADDRESS:	ACTIVE MILITARY: <input type="checkbox"/> YES <input type="checkbox"/> NO Rank: _____ Unit Name: _____	
CITY, STATE, ZIP:		
SCHOOL DISTRICT OF RESIDENCE (please note district number e.g. USD 383):		
HOME PHONE (w/area code):	WORK PHONE (w/area code):	CELL PHONE (w/area code):
PLACE OF WORK:		EMAIL:

CUSTODY INFORMATION

If parents are divorced or separated, please provide the following information. Court documentation is required

<input type="checkbox"/> JOINT CUSTODY	<input type="checkbox"/> SOLE CUSTODY MOTHER	<input type="checkbox"/> SOLE CUSTODY FATHER	<input type="checkbox"/> LEGAL GUARDIAN	<input type="checkbox"/> OTHER
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EMERGENCY CONTACT INFORMATION

NAME:	HOME PHONE:
RELATIONSHIP:	WORK PHONE:
ADDRESS:	CELL PHONE:

NAME:	HOME PHONE:
RELATIONSHIP:	WORK PHONE:
ADDRESS:	CELL PHONE:

PHYSICIAN:	OFFICE PHONE:
DENTIST:	OFFICE PHONE:

REASON FOR ENROLLING IN MANHATTAN VIRTUAL ACADEMY

ADDITIONAL INFORMATION
Please provide any other information the school should know about this student

PARENT/GUARDIAN SIGNATURE:	DATE:
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MANHATTAN VIRTUAL ACADEMY ENROLLMENT CONTRACT
2016-2017

A student enrolled in MVA is part of a Learning Team that includes the Student, Parent/Guardian, Teachers, the school Counselor and Academic Success Coach. Every member of the Learning Team is important to the student's academic success in the online learning environment. Please confirm that you agree to your role on this team by completing and initialing this Enrollment Agreement and returning it to our office.

Student Name: _____

Parent/Guardian Name: _____

___ I agree that my student and I, if new to MVA, will participate in the required face to face Student and Parent Orientation at the beginning of the school year.

___ I agree to ensure my student is meeting the state mandatory attendance requirements outlined in the MVA Student Handbook. Requirements include active course participation, staying on pace, and logging in for about 1 hour per course per school day.

___ My student will participate in state mandatory log in dates of September 7 and September 20, 2016.

___ I agree to contact the school if my student will be absent for more than 3 consecutive days. I understand my child may be filed truant if inactive for 3 consecutive school days.

___ I agree to ensure my student attends all state-mandated testing and required proctored semester exams (high school students) at regional test sites across the state, some travel may be required.

___ I agree to help my student create a work space that allows for quiet concentration and to help my student create a regular learning schedule to keep him or her on pace in every class.

___ I agree to provide my student with continuous internet access and to find an alternative internet connection should home internet service be interrupted.

___ I agree to report technical problems to the MVA office immediately, in order to receive timely assistance.

___ I agree to contact course instructors with any questions related to course content, assignments, exams or grades.

___ I agree to work with the Teacher, Academic Success Coach and/or Counselor if my student is struggling with attendance, staying on pace in his or her courses, or has failing grades.

___ I agree to check my e-mail account on a daily basis to look for communications from MVA teachers and administrative staff.

___ I agree to be an active observer for my student by logging in to his/her account, at least weekly, to check student progress, activity, grades, and pace.

___ I agree to contact the school with my telephone number or address changes in a timely manner (within 7 days) so I will continue to receive regular communications from Manhattan Virtual Academy.

Parent/Guardian Signature: _____

Date: _____

Please complete the attached fillable forms, save them on your computer, then attach them in an email and return to monicaw@usd383.org.



MVA - MANHATTAN-OGDEN USD 383 RELEASE FORM

This form will be kept for the 2016-2017 school year. Please read carefully, check the desired responses and sign.

1. Student Name: _____ School: Manhattan Virtual Academy

7th 8th 9th 10th 11th 12th

Have you ever attended a USD 383 school: Yes No School: _____

2. Photo/Video Release Form for the 2016-2017 School Year

My child may be photographed participating in regular school or school-related activities and those photos may be used by teachers, KSU College of Education, and in school district publications focused on the promotion of a positive learning environment.

Check one YES NO

My child may be video-taped participating in regular school or school-related activities and that video footage may be used by teachers, KSU College of Education, and in school district related television broadcasts and video productions/Podcasts focused on the promotion of a positive learning environment. The videos may also be broadcast on Facebook, Twitter, YouTube and/or The Manhattan Mercury's website.

Check one YES NO

My child may be photographed or videotaped by media representative such as The Manhattan Mercury, or grant funding agencies such as the USD 383 Foundation or the Manhattan Community Foundation, which may or may not include identification of my child's name and school.

Check one YES NO

My child's photograph may be used on the school district's web site, Facebook, or Twitter, which is focused on promotion of a positive learning environment. I understand that my child's name will not be identified with the photo but that the building and grade may be.

Check one YES NO

3. Field Trip Release Form for the 2016-2017 School Year

I give permission for my child to participate in field trips that are taken as part of the school curriculum during this school year. I understand that emails will be sent to inform me about specific trips as they are planned.

Check one YES NO

4. Scholastic/Military Release for the 2016-2017 School Year

I understand that as a parent I have a right to request that my student's name, address and telephone number not be released to military recruiters and/or colleges/universities (for scholastic awards/scholarships) without my consent. I give permission for my student's name, address and telephone number to be released to:

Check one - Colleges/Universities YES NO
Check one - Military YES NO

5. Parent/Guardian Signature: _____ Date: _____

The information on this form will expire on July 31, 2017.



Official Request for Student Records

Manhattan Virtual Academy
Manhattan High School/USD 383
2100 Poyntz Ave.
Manhattan KS 66502
Phone: 785-587-2100 ext. 8073
Fax: 7850-587-2140

Manhattan Virtual Academy wishes to receive a copy of the records (transcript, health, immunization, testing, and any 504 OR special education records for the following student:

Student name: _____ Birth date: _____

Grade last completed: _____

Date student was last in attendance: _____

Did this student leave in good standing? Yes No

If no, please explain: _____

Kansas State Assessment Reporting: Reading _____ Math _____

SCHOOL REQUESTING RECORDS:

Guidance Counselor
Manhattan Virtual Academy
Manhattan-Ogden USD 383
Manhattan, KS 66502

PREVIOUS SCHOOL ADDRESS:

Counselor or Registrar Signature

I understand this information is to be used only by the above person, agency or organization and no other party will have access to the above records without written permission of the parents, guardian or student.

I agree to this request: _____
Parent/Guardian Signature

OR

Student Signature (must be 18 years or older)

Date _____

PLEASE BE SURE ALL HEALTH/IMMUNIZATION RECORDS ARE INCLUDED FOR:

Student Name: _____

Manhattan – Ogden USD383
Residency/Employment Questionnaire (3-25-13)

Section A		Section B	
Living Arrangements		Type of Employment - Length of Residence in USD383	
<input type="radio"/>	Sharing the housing of others due to loss of housing, economic hardship or a similar reason (including running away from their home or being forced to leave home) .	<input type="radio"/>	Have you or any member of your immediate family ever worked in a food processing plant during the past three years?
<input type="radio"/>	In a motel or hotel due to loss of job, loss of housing, economic hardship, etc.	<input type="radio"/>	Have you or any member of your immediate family ever done any type of agricultural work during the past three (3) years?
<input type="radio"/>	In a shelter or transitional housing.	<input type="radio"/>	
<input type="radio"/>	Unsheltered (e.g. campgrounds, parks, cars, or other place not designed for permanent housing) or in substandard housing.	<input type="radio"/>	Have you moved into the USD383 Manhattan – Ogden school district within the last three (3) years?
<input type="radio"/>	As a student living without parent support (i.e. living independently).	<input type="radio"/>	

If choices in Section A do not apply and if you answer NO to ALL questions in Section B, please stop. You do not need to fill out this form.
 If you mark any choice in Section A or answer YES to any question in Section B, please fill out the rest of this form.

Student Name:				Birth Date:			Male		Female		
Student ID #			School:					Grade			
Parent/ Guardian(s)											
Present Address:											
City:				State:		Zip:			Phone Number:		
Last School Attended:						City:				State:	

STAFF USE ONLY

Principal _____ Social Worker: _____ Date Enrolled: _____
 Check all that apply: Address verification Birth Certificate Immunizations Previous School Records

If Section A is checked, fax a copy to Connie McClatchey @ 587.2006. She will notify Food service regarding meal status. Meal application not needed for these families, but a "Waiver of Confidentiality: needs to be filled out. If any question in Section B is checked YES, fax a copy to Stan Ward @587.2006



MATERIALS FEE REQUEST FORM

Please submit **\$85.00** for Full-Time Enrollment or applicable fee determined by part-time classification by check or money order payable to Manhattan Virtual Academy. To submit payment by credit card, please call: (785)587-2100 ext. 8073.

Please remit payment after July 1st. (Payments received prior to July 1st will be held until July 1st)

Return this form with your check or money order and include the following:

Student Name: _____

Parent/Guardian Name: _____

Street Address: _____

City, State, Zip: _____

Telephone Number: _____

Check Number _____ (Please no starter checks)

MAIL TO: Manhattan Virtual Academy
2100 Poyntz Avenue
Manhattan KS 66502

Please call us with any questions: (785)587-2100 ext.8073