



Check List



Student Name _____

Date _____

Advisor _____

Date _____

Semester/Year

Data Entry _____

Date _____

Step 1

- Application Form**
- Prior Transcripts**
- Immunuzation Records**
- Essay Questions (new students only)**
- Online Tech Survey (new students only)**
- Student Recommendation Form* (transfer students only)**

Step 2

- Transcript Reading**
- Pre-testing (TABE)**
- Course Selection**
- Student Contract**
- Parent Support & Commitment to Program**
- Registration Complete**



Student Name _____ Date _____ Age _____

Home Address _____ Phone _____

City _____ Zip Code _____ County _____

Date of Birth _____ Place of Birth _____ Male Female

CURRENT SCHOOL DISTRICT _____

Ethnicity/Latino Yes No

Racial Group (check all that apply) African American American Indian/Alaska Native

Asian White Native Hawaiian/Pacific Islander

Last School Attended _____ Grade _____

Parent(s)/Legal Guardian(s)

Name _____ Phone _____ E-mail _____

Name _____ Phone _____ E-mail _____

Learning Coach E-mail _____

Student E-mail _____

Why are you seeking a seat time waiver option? Check all that apply (Supporting documentation may be required)

- | | |
|--|---|
| <input type="checkbox"/> Accelerated Learning | <input type="checkbox"/> Social/Emotional/Family Issues |
| <input type="checkbox"/> Pregnant or Teen Parent | <input type="checkbox"/> Medical Situation |
| <input type="checkbox"/> Expelled | <input type="checkbox"/> High Interest/Low Enrollment Courses |
| <input type="checkbox"/> Working Student | Other _____ |

Do you have a working computer? Yes No Do you have high speed internet? Yes No

Parent Signature _____ Date _____

Student Signature _____ Date _____

School Official _____ Date _____



Student Contract

Student _____

Learning Coach _____

Read each statement and acknowledge your responsibilities by checking each box and signing below.

- I will attend the mandatory student orientation on September 4, 2013 or on September 5, 2013.
- If I have technical difficulties, including logging on or loss of Internet, I will call my mentor immediately.
- I will abide by the Student Code of Conduct, Acceptable Use Policy and Academic Honesty Policy.
- If I fail to abide by school and district policies, I may be removed from Southgate Virtual Academy.
- I will log in and complete all weekly assignments. I expect this to average 6 hours per week for each course in which I am enrolled.
- I will complete all assignments in accordance with the scheduled due dates. I understand that the course must be completed no later than January 17, 2014.
- The tutor center is open from 5:00 p.m. to 8:00 p.m. two nights each week.
- When I experience difficulties in a course, I will come to the tutor center to receive help.
- I agree to contact my mentor each week either in person, by phone or via webinar.
- If I am not able to keep to my school schedule for more than three days, I will e-mail my mentor and/or come to school and discuss the situation in person so that it can be resolved.
- I can access my grades in each course daily by using the Student Progress Report and my learning coach agrees to review my grades weekly.
- I agree to attend student-mentor conferences to address issues such as overdue assignments, low test scores, or similar academic concerns.
- I may be required to attend tutor sessions if I am unsuccessful in completing my assignments independently.
- In order to earn credit for the course, I must complete the entire course and demonstrate at least 60% proficiency by the course end date.
- I agree to come to the school building to take required district and state mandated assessments.
- I understand that if I fail to attain minimum academic standards, I will not be eligible to participate in Southgate Virtual Academy.
- I agree to complete the required portfolio and to present it at all student-mentor-director conferences.
- I will return all materials and equipment that belong to the school within 1 week of when my course is completed.

Student Signature _____

Date _____

Learning Coach Signature _____

Date _____



Essay Questions

Student Name _____ Date _____

**Please respond to the essay questions stated below and turn in with your application.
Be sure to answer each question completely and use the back of the paper if additional space.**

1. Why should you be given consideration for acceptance into the Southgate Virtual Academy? What has occurred in your life to cause you to apply for Southgate Virtual Academy? What are you willing to do to be successful? How will you benefit from this opportunity?

2. Describe your time management and organizational skills. How do you organize yourself? How will you keep yourself on track for successful completion?



Tech Survey

Last Name _____ First Name _____

1. My technology access is best described as: (check one)

- I have a computer at home with Internet access and my own e-mail account.
- I have regular access to a computer with Internet access and my own e-mail account.
- I do not have a computer or an e-mail address.

2. What type of Internet access do you have?

3. Have you ever taken a course on-line? If so, what type?

4. Check all technology skills you are confident in using in an on-line course:

- E-mail
- Web browsers
- Word processing software
- Spreadsheets
- Minor tech problems
- Download files
- Attach and send files

5. Face-to-face communication is: (check one)

- Not essential to me. I understand that quality learning can take place without face-to-face interaction.
- Important to me and I wonder about my ability to learn without being able to see the instructor or other students.
- Essential and I can't learn unless I can interact in person with the instructor and other students.

6. Face-to-face communication is: (check one)

- I feel comfortable asking questions and asking for help when I need it.
- I hesitate to ask questions of the instructor, but I will ask for help when I need it.
- I don't like to ask questions or ask for help.

7. What is the amount of uninterrupted time you will have to devote to your online classes per day? Per week?



Tech Survey

Last Name _____

First Name _____

8. I would describe my personal style as: (check one)

- Self-motivated, self-disciplined, and organized.
- Motivated, but I need help remembering assignments and due dates.
- Pretty disorganized, I need someone to motivate me and help me stay on top of my coursework.

9. When it comes to procrastination: (check one)

- I rarely procrastinate.
- I sometimes procrastinate, but I always get my work in on time.
- I always procrastinate; I like to work under pressure.

10. My reading and writing abilities are: (check one)

- I enjoy reading and writing and have confidence in my abilities.
- I read well, but I'm not comfortable expressing myself in writing.
- I don't like reading and look for classes without a lot of writing assignments.

11. Class discussions are: (check one)

- Important to me and useful in helping me learn the information presented in class.
- I almost always participate in class discussions.
- Somewhat important to my learning, I sometimes participate in class discussions.
- Not very useful to me. I don't usually participate in class discussions.

12. When it comes to learning: (check one)

- I welcome opportunities to learn new things and master new technologies.
- I get nervous around technology, but I like to learn.
- I get nervous around technology and would rather not use it.

13. I think online classes: (check one)

- Will be a breeze and easy to complete.
- May be difficult, but I am capable of handling it.
- Will be difficult for me and I will need a lot of help.

14. If I have problems with the course work or technology, I: (check one)

- Always have someone who is available to help me.
- Usually have someone available to help me.
- Sometimes have someone available to help me.
- Never have someone to help me.



Parent "Support & Commitment to Program"

Student Name _____

Date _____

Read each statement and acknowledge your responsibilities by checking each box and signing below.

- I will attend the mandatory student orientation on September 4, 2013 or on September 5, 2013
- If my student has technical difficulties, including logging on or loss of Internet, I will call technology support and notify my student's mentor.
- I will reinforce the Student Code of Conduct, Acceptable Use Policy and Academic Honesty Policy.
- If my student fails to abide by school and district policies, my student may be removed from Southgate Virtual Academy.
- My student will log in and complete weekly assignments. This usually averages 6 hours per week for each course in which my student is enrolled.
- I understand that the course must be completed no later than January 17, 2014.
- The tutor center is open from 5:00 p.m. - 8:00 p.m. two nights each week.
- If my student is more than 3 assignments behind or experiencing difficulty in a course, I will make arrangements for my student to attend the tutoring hours at the school until they are back on track.
- I will ensure my student meets the agreement to two way communication each week with their mentor either in person, by phone or via webinar.
- If my student is not able to keep to their school schedule for more than three days, I will call their mentor and discuss the situation so that it can be resolved.
- I will check my students grades on a weekly basis, in each course, using the Student Progress Report.
- I agree to attend student-mentor conferences to address issues such as overdue assignments, low test scores, or similar academic concerns.
- I understand that in order to earn credit for a course my student must complete all assignments and demonstrate at least 60% proficiency by the end of course date.
- I agree my student will attend school to take required district and/or state mandated assessments.
- I understand that if my student fails to attain minimum academic standards, they will not be eligible to participate in virtual school and supplemental virtual school courses in the future.
- My student will return all materials and equipment that belong to the school within one week of course completion.

Parent/Guardian Name _____

Date _____

Parent/Guardian Signature _____

Date _____

Phone _____

E-mail _____