

Virtual School Application

**Summersville R-II School District
525 Rogers Avenue
Summersville, MO 65571**

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Summersville Virtual School Application

Virtual School Grading

- Student must earn at least 90% progress with a grade of 60% in order to earn credit for a semester long class.
- For a yearlong class, the student must earn 45% progress during the semester with at least a 60% grade in order to earn credit.
- All classes will need to be completed by the last day of the current semester according to the school calendar.
- Students, who do not earn credit in a class, will have to restart the class at 0% progress at the beginning of the next semester.
- Students will receive an F in classes where credit is not earned.
- Students who do not earn all credits during a semester will return to seated classes or go to homeschool.
- The school district will determine on a case by case basis what is in the best educational interest of the student.

Virtual School Expectations

- It is the responsibility of the student to locate adequate internet in order to complete the course work. The school can provide internet access via wifi in the school parking lot anytime.
- Students, who sign up for virtual school, will do so on a per semester basis.
- Students who attend school virtually will not be allowed to participate in any extra-curricular activities. This includes but is not limited to: athletics, clubs, academic organizations, and any extra-curricular activity.

****Summersville School District policy for attending virtual school must include that parents/guardians understand that the student(s) are committing to attending the virtual school by semester. So, once your student(s) have been approved by the district and the virtual school has accepted your enrollment they are no longer able to enroll at Summersville Elementary or High school until the next semester begins. I understand this policy and I agree.**

Requested Date of Enrollment:

Name of Online Course	Online Course Provider

Student Name: _____

SSN _____

Date: _____ Grade: _____

Credits: _____

Age: _____ Sex: _____ Date of Birth: _____

Name of person completing application:

Relationship to student:

Explain your living situation.

Who do you live with?

Where do you live?

Father: _____

Employed at: _____

Home Phone: _____

Work Phone: _____

Mother: _____

Employed at: _____

Home Phone: _____

Work Phone: _____

Guardian: _____

Employed at: _____

Home Phone: _____

Work Phone: _____

Last school attended:

Has student repeated a grade? _____

If so which grade(s)? _____

Has student failed a class? _____

If so, which class(es)?

Circle the highest grade the student plans to complete in school: 09 10 11
12

Does the student plan to continue his/her education after high school? _____

If so, in what area? _____

Check the types of classes the student has taken:

___ Regular education

___ Special education

___ Chapter I/Title I

___ Other (specify below)

Is the student currently enrolled in special education class(es)? _____

If so, what class(es)? _____

Personal Information: Does the student presently have a job? _____

If so, where? _____

Is the student married? _____

Spouses name _____

How does the spouse of the student feel about school? _____

Does the student have a child? _____

Child's age _____

Is daycare a problem? _____

Explain _____

Please list any illnesses, accidents, or other health problems that the student currently has or has had in the past: _____

List any medications taken regularly or in the past:

_____ Please check any health problems and give age: ___ Allergy ___ Asthma ___ Heart disease ___ Seizures ___ Diabetes ___ Orthopedic ___ Visual ___ Hearing loss ___ ADD/ADHD ___ Other (specify below)

Does the student have, or has had, any problems with drugs and/or alcohol? _____

If so, list these
drugs: _____

Has the student ever attended a drug/alcohol rehabilitation
center? _____

Name of
facility? _____

Emergency Contact _____

Phone _____

Relationship to
student _____

The signature below denotes the fact that the above information is
accurate:

Signature: _____

Date: _____

Assessment Checklist (Please check all that apply)

- Lack of interest
- Poor visual/motor skills
- Lack of motivation
- Language/speech
- Development problems
- Eligible for free or reduced lunch

- Low ability level
- Handicapped
(physical, mental, emotional)
- Retained earlier

- Reclassified grade level in high school

- Poor grades

- Low performance level

- Frequent family moves

- Substance abuse problems

- Health Problems

- Family problems

- Pregnant, not married

- Single parent home

- Teenage parent

- Parent/Child conflict

- Excessive absences

- Poor self concept

_____ Dislike school

_____ Problems with teacher or principal

_____ Alienated from school

Environment

_____ Discipline problems

_____ Poor interpersonal relationships

_____ Poor auditory skills

_____ No extra-curricular
interests

_____ Below norm on standardized tests

_____ Financial problems

_____ Failure of competency tests

_____ Over age for grade placement

_____ Clothing needs

_____ Legal problems with court system

_____ Other:

Summersville Parent Assessment

Name: _____

Date: _____

Address:

Phone:

1. What are the reasons you would like your child to acquire credit through the Virtual School?

2. What things have worked for your child in the traditional school setting?

3. What things have **not** worked for your child in the traditional school setting?

4. Why do you think your child would be successful through the Virtual School course?

5. What kind of support would your child need to be successful in the Virtual School?

6. What support would you be willing to give to enable your child to be successful in the Virtual School?

7. What do you see happening in your child's life in the next five years?

Student Self-Assessment

1. What are the reasons for wanting to acquire credit through the Virtual School?
2. What things have worked for you in the traditional high school setting?
3. What things have **not** worked for you in the traditional high school setting?
4. Why do you think you would be successful in the Virtual School Course?
5. What kind of support would you need to be successful in the Virtual School?
6. What are you willing to do to be successful in the Virtual School?

7. What do you see happening in your life in the next five years?

Statement of Nondiscrimination: "This agency is prohibited from discrimination on the ground of race, color, sex, religion, national origin, age disability, political affiliation, or belief."