



Virtual Arkansas Student Pre-Registration 2019 - 2020

High School _____

Student Information (Please Print Clearly Using Ink)

Legal Name: _____
Last First MI Preferred Name

Mailing Address: _____
Street City State Zip

Phone: (_____) _____

Student Grade Level 2019-2020: 9 10 11 12

SSN #: _____ - _____ - _____

Date of Birth (mm/dd/yyyy): _____ / _____ / _____

Parent/Guardian Information (Please Print Clearly)

Parent/Guardian Name: _____
Last First

Parent/Guardian's phone: (_____) _____

Qualifying Test Scores

(To be entered by counselor)

(*Aspire from 9th or 10th grade)

| | Required | English | Required | Math | required | Reading |
|----------------------------|--------------------|---------|---|------|--------------|---------|
| ACT | 19 | | 19 | | 19 | |
| ASPIRE * | 428 | | 432 | | 428 | |
| ACCUPLACER | 83/Sentence Skills | | Elem Algebra 77 College Algebra 42 | | 78 | |
| Next Generation ACCUPLACER | 248/Writing | | College Math/Math 1003 Arithmetic 250; Quantitative Reasoning/Algebra Math 1113 250 | | 246 | |
| SAT (Old 2400) | 450 | | 460 | | 470 | |
| SAT (New 1600) | 510/Ev-based | | 510 | | 510 Ev-based | |

| Fall 2019 Courses Requested | | Spring 2020 Courses Requested |
|-----------------------------|--|-------------------------------|
| | | |
| | | |
| | | |

To be processed this form must be completed with the following dated signatures:

Principal Signature: _____ Date: _____

Student Signature: _____ Date: _____

Parent/Guardian Signature: _____ Date: _____