

# Harrah Virtual Academy

## Our Mission

**Whole Student. Whole Community: Creatively reaching each students' unique needs to create a successful life plan after school.**

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## **2020-2021 Program Application**

### **Program Summary**

The Harrah Virtual Academy is being developed due to the evolving demands of our student population. A variety of factors are leading to an increase in demand of creative schooling options for young people, primarily virtual options. Which is why the Harrah Virtual Academy is finding an innovative way to provide these opportunities to students, while at the same time maintaining a connection with peers, faculty, and our community. Please read the below expectations for each partner in the academy, school, student, and parent. Participation in the academy is based on fulfillment in those expectations and your application process, as the Virtual Academy Board will only admit students whose best opportunity for success is in this semi blended setting.

### **School, Student, and Parent Expectations.**

Prior to completing this application, ENSURE you and your child has read, discussed, and agree with the Harrah Virtual Options Parent and Student Handbook.

\_\_\_\_\_  
STUDENT NAME

\_\_\_\_\_  
PARENT NAME

\_\_\_\_\_  
AGE/BIRTHDATE

\_\_\_\_\_  
20-21 GRADE

\_\_\_\_\_  
STUDENT EMAIL ADDRESS

\_\_\_\_\_  
PARENT EMAIL ADDRESS

\_\_\_\_\_  
HOME ADDRESS

\_\_\_\_\_  
PARENT PHONE NUMBER (1)

\_\_\_\_\_  
PARENT PHONE NUMBER (2)

\_\_\_\_\_  
CURRENT # CREDITS (HS)

**PARENT PORTION OF APPLICATION**

**INITIAL YOUR CHOICE FOR THE NEXT 4 QUESTIONS:**

I will allow my students name, photo or videotaped image for public purposes \_\_\_\_\_yes\_\_\_\_\_no

I understand the school is not responsible for anything lost or stolen \_\_\_\_\_yes\_\_\_\_\_no

I will allow my student to open campus access and release Harrah Public Schools from any responsibility or liability for an accident or injury that may occur in their arrival or departure to or from school campus to utilize the resources available. \_\_\_\_\_yes\_\_\_\_\_no

DO YOU HAVE COMPUTER OR DEVICE TO CONNECT TO ACADEMY? (YES OR NO)\_\_\_\_\_

DO YOU HAVE RELIABLE INTERNET ACCESS AT HOME? (YES OR NO)\_\_\_\_\_

DOES THE STUDENT HAVE A MEDICAL ALERT, 504, OR IEP? \_\_\_\_\_

HAS THIS APPLICANT BEEN DROPPED FOR TRUANCY OR DOES THE APPLICANT HAVE AN ATTENDANCE PATTERN CAUSING CONCERN? \_\_\_\_\_

HAS THE APPLICANT SHOWED SIGNS OF ACADEMIC DECLINE, FAILING MOST OR ALL OF HIS/HER COURSES?\_\_\_\_\_

WILL THE APPLICANT HAVE PARENT SUPPORT TO PROVIDE SUCH ENVIRONMENT FOR SUCCESS WITH ONLINE LEARNING AT HOME?\_\_\_\_\_

HAS THE APPLICANT BEEN ENROLLED INTO A VIRTUAL SCHOOL PROGRAM IN THE PAST?\_\_\_\_\_

DESCRIBE WHY THE APPLICANT IS CONSIDERING ENROLLMENT INTO THE PROGRAM?

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**EXPLAIN HOW YOU WOULD LIKE TO SEE THE VIRTUAL EDUCATION LEARNING EXPERIENCE MEET YOUR CHILD'S INDIVIDUAL NEEDS.**

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**EXPLAIN THE BENEFITS FOR ENROLLING YOUR CHILD INTO VIRTUAL EDUCATION COURSES**

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### **STUDENT PORTION OF APPLICATION**

Instructors with years of online teaching experience agree that students who have a successful, satisfying experience learning online share several critical characteristics. The next section is to be completed by the applicant requesting to enroll into a virtual education program.

<b>THINK ABOUT YOUR READINESS BY ANSWERING THESE QUESTIONS.</b>	<b>YES</b>	<b>NO</b>
<b>Good Time Management:</b> Can you create and maintain a study schedule throughout the semester with limited face-to-face interaction with a teacher?		
<b>Effective Communication:</b> Can you ask for help, make contact with other students and the instructor online, and describe any problems with learning materials using email, instant messaging, and/or the telephone?		
<b>Independent Study Skills:</b> Can you study and complete assignments without direct supervision and maintain the self-discipline to stick to a schedule?		
<b>Self-Motivation:</b> Do you have a strong desire to learn skills, acquire knowledge and fulfill assignments through online courses because of an educational goal? Can you maintain focus on that goal?		
<b>Academic Readiness:</b> Do you have the basic reading, writing, math and computer literacy skills to succeed in the class?		
<b>Technologically Prepared:</b> Do you know how to open, create and/or save a document; use various technology tools (e.g., dictionary, thesaurus, grammar checker, calculator); and identify various file formats?		

**EXPLAIN HOW ENROLLING INTO VIRTUAL EDUCATION COURSES MAY BENEFIT YOU**

- Credit Recovery
- Inability to attend class during the school day
- Personal Enrichment
- Personal Preference
- Online Learning Experience
- Graduation Requirement
- Other: \_\_\_\_\_

**WHAT ASPECTS OF THE PROGRAM SPECIFICALLY INTEREST YOU?**

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**WHAT ARE YOUR EDUCATIONAL GOALS? HOW WOULD THIS PROGRAM HELP YOU ACHIEVE THOSE?**

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**WHAT CHALLENGES DO YOU SEE WITH YOUR ENROLLMENT IN THE PROGRAM?**

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**Return the completed application to the site principal by  
December 18th, 2020**

**BY SIGNING THE BELOW PORTIONS YOU ARE EXPRESSING YOUR COMMITMENT TO THE EXPECTATIONS AND PROGRAM DESCRIPTION WRITTEN ABOVE.**

I have answered all questions in this readiness questionnaire to the best of my judgment with the understanding this questionnaire may assist with making a determination for my child's best educational placement.

\_\_\_\_\_  
STUDENT NAME

\_\_\_\_\_  
DATE

\_\_\_\_\_  
PARENT NAME

\_\_\_\_\_  
DATE

**STUDENT INITIAL YOUR CHOICE**

After age 18: I give permission for school officials to make contact with my parent/guardian. (sign & date)

\_\_\_\_\_ yes \_\_\_\_\_ no

\_\_\_\_\_  
STUDENT SIGNATURE

\_\_\_\_\_  
DATE

\_\_\_\_\_  
PARENT SIGNATURE

\_\_\_\_\_  
DATE