



Virtual Community  
School of Ohio

# Application Packet

## Steps for enrollment

### Submit the following documentation required by the State Board of Education:

**APPLICATION FORM AND ENROLLMENT PAPERWORK**

- Application Form (consists of four parts)
- Emergency Medical Authorization
- Consent for Release of Student Records
- Previous School History
- Home Language Survey
- Computer Deployment Form
- Title I School-Family Compact (two pages)
- Title I Household Survey
- Testing Contract

**PROOF OF RESIDENCY** - Must be a utility bill, a copy of a current lease or a mortgage statement only.

**BIRTH CERTIFICATE** - A copy of the student's birth certificate. A copy of a baptismal certificate, passport or naturalization papers are acceptable in lieu of a birth certificate.

**UNOFFICIAL TRANSCRIPT** - Please provide unofficial transcripts for high school students. According to Ohio Revised Code, schools must provide this upon your request.

**GRADE CARD** - Please provide grade cards for students in grades 1-12.

**IMMUNIZATION HISTORY** - Under the Ohio Revised Code, the parent or legal guardian is required to submit written evidence that his/her child has had all the required immunizations. It is the parent's or guardian's responsibility to furnish this information.

**COPY OF CUSTODY ORDER OR DIVORCE DECREE** (if applicable) - Under the Ohio Revised Code, proof of custody **MUST** be presented for any student for which custody has been determined by a court. **Please provide adoption papers or other guardianship documents.** If you've had a recent name change, please provide the appropriate documentation for that as well.

**SPECIAL NEEDS DOCUMENTATION** (if applicable) - Please provide the most recent Individual Education Plan (IEP) and Evaluation Team Report (ETR). Also, please provide copies of any psychological testing.

**OAT OR OGT SCORE** - Please provide the Ohio Achievement Test scores for students in grades 3-8 and Ohio Graduation Test scores for students in grades 10-12, along with the dates of those results.

### Applications and necessary documentation must be mailed or faxed to VCS Ohio.

Mailing address:  
VCS Ohio  
Attn: Enrollment Department  
4480 Refugee Road, Suite 201  
Columbus, OH 43232

Fax number: (614) 501-9470  
Toll-free phone: (866) 501-9473  
Local phone: (614) 501-9473

2009



Virtual Community School of Ohio

Enrollment Application - Part I

All information will remain confidential

Today's date \_\_\_\_\_

Student Information

Name \_\_\_\_\_
First Middle Last

Gender: [ ] Male [ ] Female

Date of Birth (month/day/year) \_\_\_\_/\_\_\_\_/\_\_\_\_ Age \_\_\_\_ Student grade \_\_\_\_

Was this student using an IEP or 504 form? [ ] Yes [ ] No

City of Birth \_\_\_\_\_ State \_\_\_\_\_ County \_\_\_\_\_

Social Security Number \_\_\_\_\_

Home Address \_\_\_\_\_

P.O. Box (if applicable) \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone ( ) \_\_\_\_\_ [ ] Listed [ ] Unlisted

Student e-mail \_\_\_\_\_

Emergency Contact Information

Please provide two emergency contacts in the event that the parent/guardian is unreachable.

Name \_\_\_\_\_ Phone ( ) \_\_\_\_\_

Relationship to student \_\_\_\_\_

Name \_\_\_\_\_ Phone ( ) \_\_\_\_\_

Relationship to student \_\_\_\_\_

Signature of parent/guardian authorizing these emergency contacts: \_\_\_\_\_

Name of Student \_\_\_\_\_

**Enrollment Application - Part II**

**Primary Residential Parent/Guardian**

Name \_\_\_\_\_ Relationship \_\_\_\_\_  
First Middle Last

Name \_\_\_\_\_ Relationship \_\_\_\_\_  
First Middle Last

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone ( ) \_\_\_\_\_ Work Phone ( ) \_\_\_\_\_

Cell Phone ( ) \_\_\_\_\_ E-mail address \_\_\_\_\_

Does this student reside with this individual?  Yes  No

Does this individual have legal custody?  Yes  No

May this individual access this student's records?  Yes  No

Comments \_\_\_\_\_  
\_\_\_\_\_

**Step-Parent or Non-Residential Parent**

Name \_\_\_\_\_ Relationship \_\_\_\_\_  
First Middle Last

Name \_\_\_\_\_ Relationship \_\_\_\_\_  
First Middle Last

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone ( ) \_\_\_\_\_ Work Phone ( ) \_\_\_\_\_

Cell Phone ( ) \_\_\_\_\_ E-mail address \_\_\_\_\_

Does this student reside with this individual?  Yes  No

Does this individual have legal custody?  Yes  No

May this individual access this student's records?  Yes  No

Comments \_\_\_\_\_  
\_\_\_\_\_

Name of Student \_\_\_\_\_

**Enrollment Application - Part III**

**Internet Service Provider**

Do you currently have internet service?  Yes, my provider is \_\_\_\_\_  No

**Ethnic Code**

- White, Non-Hispanic
- Black, Non-Hispanic
- Hispanic
- American Indian/Alaskan Native
- Asian/Pacific Islander
- Multiracial

**Migrant or Homeless Status**

Is this student, this student's parent, guardian or spouse a migratory worker?  Yes  No

Does this student lack a fixed, regular and adequate nighttime residence?  Yes  No

**Enrollment Application - Part IV**

I agree to the release of VCS Ohio student directory information; which includes student name, age, address, phone number and parent names.  Yes  No

How did you hear about VCS Ohio?

- TELEVISION .....  Cable Which cable system? \_\_\_\_\_  Broadcast Which network? \_\_\_\_\_
- RADIO ..... Which station? \_\_\_\_\_ City? \_\_\_\_\_
- NEWSPAPER OR MAGAZINE ..... Title of publication? \_\_\_\_\_
- MAILING .....  ValPak  Postcard  Other Please specify: \_\_\_\_\_
- EVENT ..... Which event? \_\_\_\_\_
- FRIEND OR FAMILY MEMBER ..... Name (optional) \_\_\_\_\_
- REFERRAL ..... Name (optional) \_\_\_\_\_
- INTERNET .....  Search Engine Which? \_\_\_\_\_  Ad Which site? \_\_\_\_\_
- OTHER ..... Please specify: \_\_\_\_\_

I certify that the information reported on this application is accurate.

Parent/guardian signature \_\_\_\_\_ Date \_\_\_\_\_

Relationship to student \_\_\_\_\_

**Statement of Non-Discrimination**

It is the policy of the Virtual Community School of Ohio to provide equal opportunities in all of its educational programs and operations and in all areas of employment practice, and to ensure that there shall be no discrimination against any employee or applicant or student on the basis of age, race, color, religion, disability, sex, national origin or ancestry. The Virtual Community School of Ohio is an Equal Opportunity Employer.



Virtual Community School of Ohio

# Emergency Medical Authorization

The purpose of this form is to enable the parent/guardian to authorize the provision of emergency medical treatment for a child who becomes ill or injured while under school authority when the parent/guardian cannot be reached. Examples of school functions may include, but are not limited to, school field trips, school picnics, school dances and graduation.

Printed Student Name \_\_\_\_\_ Grade \_\_\_\_\_

Parent/Guardian Name \_\_\_\_\_

Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

Child Care Provider \_\_\_\_\_

Relationship \_\_\_\_\_

Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

## PART 1 – TO GRANT CONSENT

I hereby grant consent to call the following medical care provider and local hospital.

Doctor \_\_\_\_\_ Phone \_\_\_\_\_

Local Hospital \_\_\_\_\_ Phone \_\_\_\_\_

In the event reasonable attempts to contact me have been unsuccessful, I hereby give my consent for (1) The administration of any treatment deemed necessary by the above named doctor, or in the event the designated preferred practitioner is not available, by another licensed physician and (2) the transfer of my child to any hospital reasonably accessible. The authorization does not cover major surgery unless the medical opinions of two other licensed physicians concurring there is a necessity for such surgery are obtained prior to the performance of the surgery. Facts concerning the child's medical history including allergies, medications being taken and any physical impairment to which a physician should be alerted are listed below:

\_\_\_\_\_

Signature of Parent/Guardian \_\_\_\_\_ Date \_\_\_\_\_

Relationship to Student \_\_\_\_\_

## PART 2 – REFUSAL TO GRANT CONSENT

**DO NOT COMPLETE THIS SECTION IF PART 1 IS FILLED OUT**

I **DO NOT** give consent for emergency medical treatment of my child. In the event of illness or injury requiring emergency treatment, I request that the school authorities take the following action: \_\_\_\_\_

\_\_\_\_\_

Signature of Parent/Guardian \_\_\_\_\_ Date \_\_\_\_\_

Relationship to Student \_\_\_\_\_



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# Consent for Release of Student Records

As the legal parent or guardian of the student identified below, I am granting permission for the release of records from:

School (spell out; no abbreviations) \_\_\_\_\_

School District (spell out; no abbreviations) \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

School Phone ( ) \_\_\_\_\_ School Fax ( ) \_\_\_\_\_

**Authorization to release records for:**

Printed Student Name \_\_\_\_\_  
Last First Initial

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Date of Birth \_\_\_\_\_ Grade Level \_\_\_\_\_

Signature of Parent/Guardian \_\_\_\_\_ Date \_\_\_\_\_

**Please forward the records identified below to:**

VCS Ohio	Toll-free (866) 501-9473
4480 Refugee Road	Local (614) 501-9473
Columbus, OH 43232	Fax (614) 501-9470

**This section to be completed by VCS Ohio personnel**

Student enrolled as of

**Please forward the following records:**

- Official Transcript of All Grades and Credits
- Ohio Graduation Test Results
- Attendance Records
- Custody Papers (If Applicable)
- I.E.P. and E.T.R. Records (If Applicable)
- Withdrawal Grades and Credits Received
- Standardized Test Results
- Health Records
- Psychological Reports (If Applicable)
- Vocation Evaluation (If Applicable)
- SSID

**If records are not available, please return this request indicating the following:**

- No Records Available Reason(s) \_\_\_\_\_
- Unable to Send Records Reason(s) \_\_\_\_\_

**If you have any questions please call the Registrar at (866) 501-9473 or (614) 501-9473**

**Statement of Non-Discrimination:** It is the policy of Virtual Community School of Ohio to provide equal opportunities in all of its educational programs and operations and in all areas of employment practice, and to ensure that there shall be no discrimination against any employee or applicant or student on the basis of age, race, color, religion, disability, sex, national origin or ancestry. The Virtual Community School of Ohio is an Equal Opportunity Employer.



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Previous School History

Previous School History \_\_\_\_\_

Printed Student Name \_\_\_\_\_ Grade \_\_\_\_\_

List previous schools attended (do not abbreviate)

1) Name of school \_\_\_\_\_

District \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_

2) Name of school \_\_\_\_\_

District \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_

3) Name of school \_\_\_\_\_

District \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_

Currently being home-schooled:

Name of last school attended \_\_\_\_\_ Date of last attendance \_\_\_\_\_

Not attending school:

Name of last school attended \_\_\_\_\_ Date of last attendance \_\_\_\_\_

Is this student currently on probation by the juvenile court system?  Yes  No

If so, what county? \_\_\_\_\_



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VCS Ohio  
HOME LANGUAGE SURVEY

Home Language Survey

Student Name: \_\_\_\_\_ Birth Date: \_\_\_\_\_ Sex:  Male  Female  
 Parent/Guardian Name: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 Home Telephone: \_\_\_\_\_ Work Telephone: \_\_\_\_\_  
 School: \_\_\_\_\_ Grade: \_\_\_\_\_ Date: \_\_\_\_\_

1. Was your child born in the United States?  Yes  No  
 If yes, in which state? \_\_\_\_\_  
 If no, in what other country? \_\_\_\_\_
2. Has your child attended any school in the United States for any three years during their lifetime?  Yes  No  
 If yes, please provide school name(s), state, and dates attended.  
 Name of School \_\_\_\_\_ State \_\_\_\_\_ Dates Attended \_\_\_\_\_  
 Name of School \_\_\_\_\_ State \_\_\_\_\_ Dates Attended \_\_\_\_\_  
 Name of School \_\_\_\_\_ State \_\_\_\_\_ Dates Attended \_\_\_\_\_
3. What language is spoken by you and your family most of the time at home? \_\_\_\_\_
4. If available, in what language would you prefer to receive communication from the school? \_\_\_\_\_
5. Please check if your child is:  
 A.  Native American Indian C.  Native Pacific Islander  
 B.  Alaska Native D.  Native U.S. Virgin Islander
6. Is your child's first-learned or home language anything other than English?  Yes  No

If you responded "Yes" to question number 6 above, please answer the following questions:

7. What language did your child learn when he/she first began to talk? \_\_\_\_\_
8. What language does your child most frequently speak at home? \_\_\_\_\_
9. What language do you most frequently speak to your child? (Father) \_\_\_\_\_  
 (Mother) \_\_\_\_\_
10. Please describe the language understood by your child. (Check only one)  
 A.  Understands only the home language and no English.  
 B.  Understands mostly the home language and some English.  
 C.  Understands the home language and English equally.  
 D.  Understands mostly English and some of the home language.  
 E.  Understands only English.

Parent or Guardian's Signature \_\_\_\_\_

Date \_\_\_\_\_

OFFICE USE ONLY			
Student ID #	Date Distributed	Date Received	



Virtual Community School of Ohio

# Computer Deployment Form

New Issue     Swap     Share

Student Last Name \_\_\_\_\_ First \_\_\_\_\_ Middle Initial \_\_\_\_\_ Date \_\_\_\_\_

Parent/Guardian Last Name \_\_\_\_\_ First \_\_\_\_\_ Middle Initial \_\_\_\_\_ SSN \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone ( ) \_\_\_\_\_ Cell Phone ( ) \_\_\_\_\_

**Initial when read:**

\_\_\_\_\_ The above listed equipment will be issued to each student. It is the responsibility of the parent or guardian and the student to safeguard it. You are required to report any damages, loss or equipment problems immediately to the VCS help desk. No modifications are to be made to the system without prior permission.

\_\_\_\_\_ You will be issued a CD so, if necessary, you will be able to re-image your computer. You will be able to re-image the computer three times during the school year. If the computer needs to be re-imaged four or more times, the student/family will be charged a re-image fee. If the computer is brought into our office, the fee will be waived.

\_\_\_\_\_ It is recommended that you add the equipment to your homeowner's or renter's insurance. If you do not have insurance, it is advisable to get insurance to cover loss of equipment due to theft, fire, flood or other instances where the equipment may be destroyed.

\_\_\_\_\_ Upon student's departure from VCS, all equipment must be returned. The family must return the system to the school upon withdrawal from VCS Ohio or face legal actions and the possibility of court costs.

\_\_\_\_\_ It is understood and agreed by and between the parties that any litigation involving the parties shall be filed in Franklin County Municipal Court, Franklin County, Columbus, Ohio, Irrespective of the county of residence of a parent or student or the location of the equipment. Student and parent hereby consent to jurisdiction and venue in Franklin County, Ohio.

\_\_\_\_\_ It is understood that the parent/guardian is liable for the cost of replacement or repair for willfully damaged equipment, software and other school property loaned to the student. This may include viruses which have been downloaded to the system.

\_\_\_\_\_ I swear and affirm the information provided is true and complete to the best of my knowledge.

Picture ID or driver's license number: \_\_\_\_\_

Name on license: \_\_\_\_\_ SSN \_\_\_\_\_

Signature of parent, guardian or student (if over 18): \_\_\_\_\_

Printed name \_\_\_\_\_ Relationship to student \_\_\_\_\_

**OFFICE USE ONLY**

Computer/Tower	Issued By	ID # Returned
Monitor	Issued By	ID # Returned

Printer \_\_\_\_\_

Scanner \_\_\_\_\_

Speakers \_\_\_\_\_

Keyboard \_\_\_\_\_

Components \_\_\_\_\_

OFFICE USE ONLY: DATE CHANGED IN DATABASE \_\_\_\_\_



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## Title 1 School-Family Compact

Student Name (PRINT) \_\_\_\_\_ Grade \_\_\_\_\_

VCS Ohio values your role in working to help your child achieve in school. Our school receives federal funding as a school-wide Title 1 School. This means that every parent and student must agree to the following responsibilities according to Ohio Parent Involvement Law, the VCS Parent Involvement Policy and Federal No Child Left Behind guidelines.

### Parent Responsibilities

As parent/guardian, I will support my child's learning in these ways:

1. By monitoring my child's school attendance and mandatory 920 logged hours (5-6 hours a day or approximately 30 hours a week).
2. By making sure my child completes assignments when they are due.
3. By reviewing my child's schoolwork and grades weekly online through My VCS Ohio.
4. By calling teachers regularly to ask questions and communicate concerns.
5. By supporting my child's learning activities.
6. By encouraging my child to show positive behavior.
7. By staying informed about my child's education by promptly reading and responding to all notices from the school received through the Learning Management System, e-mail and mail.
8. By volunteering at the request of the school as needed.
9. By providing current contact information that will allow the school to communicate with my family.
10. By providing a learning environment free of distractions and scheduling a learning time that allows my child the ability to complete assignments.
11. By modeling proper nutrition and encouraging daily physical exercise and reading for pleasure activities.

Parent/Guardian (PRINT) \_\_\_\_\_

Parent Signature \_\_\_\_\_ Date \_\_\_\_\_

### Student Responsibilities

I, the student, will share the responsibility to improve my academic achievement and meet state standards. Specifically, I will:

1. Log on ready to learn and complete assignments.
2. Commit to work, learn and do my best daily.
3. Complete my class work in a structured environment and set up a daily schedule for completion.
4. Ask for help from school staff immediately when needed.
5. Complete the required number of hours for school activities each week.
6. Use my school time effectively to complete classroom projects and learn.
7. Attend required Illuminate sessions as scheduled at my grade level.
8. Give my parents or the adult responsible for my welfare all notices and information received by me from my school everyday.

Student (PRINT) \_\_\_\_\_

Student Signature \_\_\_\_\_ Date \_\_\_\_\_

(Continued)



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## Title 1 School-Family Compact

### School Responsibilities

VCS Ohio will:

1. Provide high quality curriculum and instruction in a supportive and effective learning environment that enables the participating students to meet the state's academic achievement standards through:
  - Offering distance learning, appropriate instruction and materials.
  - Assisting in understanding academic achievement standards and assessments, as well as, how to monitor student progress.
2. Hold parent-teacher conferences during which the compact is discussed relating to the child's achievement. Conferences may be requested by parent, teacher and/or student (annually in elementary school). These conferences can be either face-to-face, by phone, through Elluminate, and/or family events.
3. Provide parents with their student's progress report through quarterly reports, interim reports, and My VCS online in the learning management system.
4. Provide parents reasonable access to staff that will be available for consultation with parents through online office hours, phone hours and e-mail. Technical support is available through the Help Desk phone hours.
5. Provide parents with opportunities to volunteer and participate in student activities such as Title 1 school-wide events, and parent booster club activities.

Signature of Principal \_\_\_\_\_ Grade Level \_\_\_\_\_

*Thank you for your support and involvement in your child's education. This document was developed by the VCS Parent Advisory Board using school, state and federal guidelines. Copies of Parent School Choice, Parent HQT Notification, and Parent Involvement Policy are available along with this document on the VCS web site: [www.vcslearn.org](http://www.vcslearn.org) OR the VCS Parent Booster web site: [www.vcsboosterclub.com](http://www.vcsboosterclub.com) OR in the VCS Parent Lounge. These documents may also be found with SES Tutoring information in the Learn Center- VCS Tutoring and SES Services.*



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## Title 1 Household Survey

The State of Ohio requests that VCS Ohio collect the following information for purposes of school funding. This information will only be used for verifying eligibility of state and federal funds for students in need. Please assist us in keeping our records as accurate as possible so we can better serve your child.

Print Student's Name \_\_\_\_\_

Grade \_\_\_\_\_ Date of Birth \_\_\_\_\_ Gender:  Female  Male

### Step 1:

Check the box next to the number of family members in your household.

### Household

- 1  
 2  
 3  
 4  
 5  
 6  
 7  
 8  
 9+

### Annual total household income

\$18,130  
\$24,420  
\$30,710  
\$37,000  
\$43,290  
\$49,580  
\$55,870  
\$60,160

Add \$6,290 for each member over

### Step 2:

Look at the household income line next to your household size.

### Step 3:

Answer the question below.

Is your family income **less than** the amount on the same line? For example: If you have four members in your household and your yearly income is less than \$37,000—you would mark Yes.  Yes  No

The State of Ohio requests the following information on **each** child you enroll with VCS Ohio:

Foster Child:  Yes  No

Ward of the Court:  Yes  No

Welfare Recipient:  Yes  No

Food Stamp Recipient:  Yes  No

School district you currently live in \_\_\_\_\_

School district you lived in last school year \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_

Was this student home-schooled last year?  Yes  No

I certify that the above information is true and correct and that all income is reported. I understand that this information is being given for the receipt of state and federal funds and school officials may verify the information on this form.

Signature of Parent/Guardian \_\_\_\_\_ Date \_\_\_\_\_

Print Parent/Guardian's Name \_\_\_\_\_



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## Testing Contract State-Mandated Testing

The Ohio Department of Education requires every student, including students on Individual Education Plans, to participate in state mandated testing. The dates for school year 2009-2010 are as follows:

Grade	Test Name	Duration	Dates to be announced
Grade 9	Ohio Graduation Practice Test (Online)	5 days	Dates to be announced
Grade 3	Reading Achievement	1 day	October 6, 2009*
Grades 11-12	Ohio Graduation Test (students who have not yet passed specific tests)	1-5 days	October 26-30, 2009*
Grade 10	Ohio Graduation Test	5 days	March 15-19, 2010*
Grades 11-12	Ohio Graduation Test (students who have not yet passed specific tests)	1-5 days	March 15-19, 2010*
Grades 3-8	Ohio Achievement Test	2-4 days	April 19-22, 2010*

\*The exact times for testing will be announced at a later date.

The testing schedule above is not an option. Students and parents who cannot comply with the testing requirements should consider another option for schooling. Please choose one of the test site locations below:

- |  |   |   |
|--|---|---|
| <input type="checkbox"/> Ashland                   | <input type="checkbox"/> Cleveland Area West        | <input type="checkbox"/> Ironton                          |
| <input type="checkbox"/> Athens                    | <input type="checkbox"/> Columbus Central           | <input type="checkbox"/> Kairos students only             |
| <input type="checkbox"/> Cambridge                 | <input type="checkbox"/> Columbus North             | <input type="checkbox"/> Mt. Vernon                       |
| <input type="checkbox"/> Canton                    | <input type="checkbox"/> Columbus Northwest         | <input type="checkbox"/> Newark                           |
| <input type="checkbox"/> Celina                    | <input type="checkbox"/> Columbus Southeast         | <input type="checkbox"/> Portage County ESC students only |
| <input type="checkbox"/> Chillicothe               | <input type="checkbox"/> Dayton                     | <input type="checkbox"/> Toledo                           |
| <input type="checkbox"/> Cincinnati Area Northwest | <input type="checkbox"/> Findlay                    | <input type="checkbox"/> Youngstown                       |
| <input type="checkbox"/> Cleveland Area East       | <input type="checkbox"/> Holy Trinity students only |   |

Please initial next to statements 1 - 9 below:

- \_\_\_\_\_ 1. My son/daughter will attend every day he/she is required to test. (The state department allows only one test per day, per grade on specific, scheduled days).
- \_\_\_\_\_ 2. I understand that attendance will be mandatory anywhere from 1 - 5 consecutive days and for some grades may be at multiple testing periods during the year.
- \_\_\_\_\_ 3. I will plan for transportation and time needed off work, including the cost of lost wages well in advance and will not use this as an excuse for non-attendance.
- \_\_\_\_\_ 4. I understand that VCS must withdraw any student who, for two consecutive years, has failed to participate in the spring administration of any test. (This will result in not being permitted to enroll in any community school in the future).
- \_\_\_\_\_ 5. I understand that 100% compliance is expected and that students who are not in attendance are considered truant from school.
- \_\_\_\_\_ 6. I understand that students who are ill or pregnant are expected to make special arrangements for make-up testing in the appropriate time frame. (2 weeks)
- \_\_\_\_\_ 7. I understand that students who attend VCS in order to complete special programs that require travel are also still expected to test in accordance with state mandated time frames. (2 weeks)
- \_\_\_\_\_ 8. I will refrain from scheduling family vacations or other activities during testing.
- \_\_\_\_\_ 9. I will attend the testing site I select from the list provided and will then attend that site for all tests.

The test site I selected is: \_\_\_\_\_ Date \_\_\_\_\_

I understand that 100% compliance is expected, and I understand/agree to all of the above.

Student's Name (PRINT) \_\_\_\_\_

Parent/Guardian (PRINT) \_\_\_\_\_ Signature \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home phone \_\_\_\_\_ Work phone \_\_\_\_\_ Cell phone \_\_\_\_\_