

Semester 2 School Choice Selection 2020-2021

Current Program: ☐ Brick and Mortar ☐ Distance Learning Academy ☐ Full Time FLVS
☐ Homeschool ☐ MyDistrict Virtual

Desired Program for January 19 through June 3 ☐ Brick and Mortar ☐ Distance Learning Academy*
☐ Full Time FLVS ☐ Homeschool ☐ MyDistrict Virtual

**Distance Learning Academy option is pending the Governor's extension of executive order.*

Student's Full Legal Name: _____
Last: First Middle Suffix

Student Email Address: _____

Date of Birth ____/____/____ Gender _____ Race _____ Grade _____
Month Date Year

Parent Guardian Information:

Student lives with: _____ Cell Phone: _____

_____ Work Phone: _____
Legal Guardian Relationship

House #: _____ Street Name: _____ Apt. #: _____ City: _____

State: _____ Zip Code: _____

Mailing Address if different from Residence Address

House #: _____ Street Name: _____ Apt. #: _____ City: _____

State: _____ Zip Code: _____

Distance Learning Requirements

I understand that for my child to be successful in the virtual learning environment, he/she will:

- Have a dedicated work space, proper internet connection, a computer for each student, printer/scanner or mobile device to capture images of assignments for uploading and headphones, microphone, and webcam to participate in Class Time and online assignments.
- Have an adult who will act as a "Learning Coach" to help the student stay on track with all assignments
- Participate in regular Class Time sessions and online discussions.

I also understand my child must complete the 20-21 school year in the option selected above.

Parent/Guardian Signature

Date