



# Romulus Virtual Learning Center Application for Enrollment



## Terms & Conditions

Enrollment into Romulus Virtual Learning Center (RVLC) is not guaranteed, all applicants will be equally reviewed. RVLC admits students of any gender, race, color, religion, disability and national and ethnic origin to all the rights, privileges, programs and activities generally accorded or made available to students at the school. It does not discriminate on the basis of gender, race, color, religion, disability or national and ethnic origin in administration of its educational policies, admission policies or school-administered programs.

A **Full-Time Off-Site** student is classified as to allow RVLC to deliver all of a student's instruction online with no requirement for the student to attend instruction physically on-site. The student may still be required to have final examinations proctored by a teacher. Students may also use a drop-in lab component with courses, by appointment and if allowed. The student will not be allowed to take part in RHS lunch program.

A **Part-Time On-Site** student is classified as to allow RVLC to deliver all of a student's instruction online with some requirements for the student to physically be present on-site. Attendance requirements will be determined on a student by student basis. The student will be required to have final examinations proctored by a teacher. Academic deficiency can require greater time on-site. The student will be allowed to take part in RHS lunch program as long as it is determined in student attendance requirements.

An **On-Site** student is classified as to allow RVLC to deliver all of a student's instruction online with required daily attendance of the student to be physically present on-site. The student will be allowed to take part in RHS lunch program.

No matter the classification of the student, all student will maintain a weekly two-way communication between the student and the on-site mentor. Failure to communicate weekly with the mentor will result in removal from the program.

### **RVLC STUDENTS WILL NOT BE ALLOWED TO PARTICIPATE IN RHS EXTRA CURRICULAR ACTIVITIES**

**If the student is accepted**, the parent(s)/guardian(s) will be notified by RVLC Coordinator and an orientation meeting will be scheduled with parent(s)/guardian(s), student, RVLC Coordinator and Mentor Teacher. Parent(s)/guardian(s) must submit to RVLC all requested items, located on Enrollment Checklist, by the date of orientation meeting. This is a required meeting, if requested items are not received or meeting is missed, the student's acceptance into the meeting may be revoked.

**If the student is not accepted**, the parent(s)/guardian(s) will be notified by the appropriate staff member indicating our decision.



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– Please Print –

Student Personal Information					
LAST NAME		FIRST NAME		MIDDLE	SUFFIX
DATE OF BIRTH	AGE	GENDER <input type="checkbox"/> Male <input type="checkbox"/> Female		GRADE	DATE OF APPLICATION
ADDRESS			CITY	ZIP	

Parent/Guardian Information					
FIRST PARENT/GUARDIAN NAME				RELATIONSHIP	
ADDRESS			CITY	ZIP	
HOME PHONE (       ) -		MOBILE PHONE (       ) -		WORK PHONE (       ) -	
SECOND PARENT/GUARDIAN NAME				RELATIONSHIP	
ADDRESS			CITY	ZIP	
HOME PHONE (       ) -		MOBILE PHONE (       ) -		WORK PHONE (       ) -	

Student Information	
CURRENT SCHOOL	DATE LAST ATTENDED
<b>REASON FOR CHANGING SCHOOLS / DESIRE FOR ENROLLMENT:</b>	
<b>ENROLLMENT TYPE SEEKING</b> <input type="checkbox"/> Full-Time Off-Site <input type="checkbox"/> Part-Time On-Site <input type="checkbox"/> On-Site	
<b>IF SEEKING FULL-TIME OFF-SITE SEAT-TIME WAIVER, WHY?</b> <input type="checkbox"/> Accelerated Learning <input type="checkbox"/> Pregnant or Teen Mom <input type="checkbox"/> Working Student <input type="checkbox"/> Social/Emotional/Family Issues <input type="checkbox"/> Medical Situation <input type="checkbox"/> Travel Issues <input type="checkbox"/> Other:	
<b>STUDENT OWN A COMPUTER?</b> <input type="checkbox"/> YES <input type="checkbox"/> NO	<b>ACCESS TO HIGH SPEED INTERNET?</b> <input type="checkbox"/> YES <input type="checkbox"/> NO

COORDINATOR SIGNATURE	DATE
ADMINISTRATION SIGNATURE	DATE
SPECIAL SERVICES DIRECTOR (If applicable)	DATE
SUPERINTENDENT (If applicable)	DATE



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– Please Print –

To be completed by parent/guardian			
<b>WILL YOU COMMIT TO PROVIDING SUPPORT FOR YOUR CHILD WHILE HE/SHE ATTENDS RVLC?</b>			
<input type="checkbox"/> Yes <input type="checkbox"/> No			
<b>IS THERE ANY INFORMATION THAT YOU FEEL THE SCHOOL SHOULD KNOW TO INSURE THE SUCCESS OF YOUR CHILD?</b>			
<b>IS THE STUDENT CURRENTLY OR HAS RECEIVED SPECIAL EDUCATION SERVICES IN THE PAST:</b>			
<input type="checkbox"/> Yes <input type="checkbox"/> No			
<b>WHERE WAS THE MOST RECENT IEP ISSUED:</b>	DATE ISSUED		
<i>If yes, a copy of the student IEP must be submitted with this application, or a parent must sign a formal records request. Orientation/Interview will be made AFTER student's IEP is made available to Romulus Virtual Learning Center.</i>			
<b>PLEASE READ EACH STATEMENT &amp; SELECT THE NUMBER THAT BEST REPRESENTS YOUR CHILD'S SOCIAL/ACADEMIC BEHAVIORS</b>			
0 - Never	1 – Rarely	2 – Occasionally	3 – Frequently
_____ Skips school		_____ Positive attitude	
_____ Socially withdrawn		_____ Asks questions in class	
_____ Negative or pessimistic attitude		_____ Gets along well with others	
_____ Depressed or sad moods		_____ Is accountable for his/her actions	
_____ Has low self-esteem		_____ Loses his/her temper	
_____ Disobedient		_____ Argumentative	
_____ Excessive worrying		_____ Has trouble focusing on schoolwork	
_____ Lacks confidence in abilities		_____ Is not organized	
_____ Has panic attacks		_____ Is motivated	
_____ Defiant Behavior		_____ Is confident	

PARENT/GUARDIAN SIGNATURE	DATE
<i>By signing, I verify that the information provided is true to the best of my knowledge and that I have read, understand and agree to terms and conditions.</i>	



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– Please Print –

<b>To be completed by student</b>
<b>WHY SHOULD YOU BE CONSIDERED FOR ROMULUS VIRTUAL LEARNING CENTER (RVLC)?</b>
<b>WHAT ARE YOU WILLING TO DO TO BE SUCCESSFUL?</b>
<b>WHAT DO YOU WANT RVLC TO DO FOR YOU?</b>
<b>HOW WILL YOU BENEFIT FROM RVLC?</b>
<b>HAVE YOU TAKEN AN ONLINE/VIRTUAL COURSE BEFORE? IF SO, HOW SUCCESSFUL WERE YOU?</b>
<b>SELECT ALL SKILLS YOU ARE CONFIDENT IN USING:</b> <input type="checkbox"/> Searching the internet <input type="checkbox"/> Email <input type="checkbox"/> Video chat <input type="checkbox"/> Downloading files <input type="checkbox"/> Email attachment <input type="checkbox"/> Word-processing
<b>HOW MUCH UNINTERRUPTED TIME WILL YOU HAVE TO DEVOTE TO YOUR VIRTUAL CLASSES PER DAY? PER WEEK?</b>
<b>IF GRANTED FULL-TIME OFF-SITE ACCESS TO RVLC, HOW OFTEN WOULD YOU EXPECT TO VISIT THE OPEN LAB?</b>
<b>IF GRANTED PART-TIME ON-SITE ACCESS TO RVLC, WHAT TIME RESTRICTIONS WOULD YOU HAVE AND WHY?</b>

<b>Student Enrollment Questionnaire</b>			
<b>PLEASE READ EACH STATEMENT AND SELECT THE NUMBER THAT BEST REPRESENTS YOUR ACADEMIC EXPERIENCE:</b>			
0 – Never	1 – Rarely	2 – Occasionally	3 – Frequently
___ I like to read.		___ Punctuation and grammar are problems for me.	
___ I mispronounce words when I read.		___ Putting my thoughts down on paper is hard for me.	
___ I am forgetful of what I read.		___ Basic math skills are an issue for me (+,-,x, ÷).	
___ I sometimes reverse letters when I read (b/d or p/q).		___ Mathematical word problems are hard for me.	
___ It is difficult to find the main idea of a paragraph.		___ I have a hard time with formulas or setting a problem to use them.	

STUDENT SIGNATURE	DATE
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*By signing, I verify that the information provided is true to the best of my knowledge and that I have read, understand and agree to terms and conditions.*