



# Altoona Virtual Academy

## Student Application

### Applicant Information

Full Name: \_\_\_\_\_ Date: \_\_\_\_\_  
*Last First M.I.*

Address: \_\_\_\_\_  
*Street Address Apartment/Unit #*

\_\_\_\_\_ *City State ZIP Code*

Phone: \_\_\_\_\_ Email \_\_\_\_\_

Date of Application: \_\_\_\_\_ Anticipated Start Date \_\_\_\_\_

### Eligibility

*My child has met the following requirements for the consideration of enrollment in AVA:*

- 2.0 GPA or higher (HS) or successful completion of all courses (MS).
- 10 or less unexcused absences in the current and previous school year.
- Successful completion of any previous virtual learning courses.
- Is not open enrolled in the School District of Altoona.

### Expectations for Virtual Programming

*My child and I understand and acknowledge the following:*

- Courses dropped after the drop date will be assessed a fee of \$290 per course. This is the responsibility of the family to pay.
- We will submit course assignments in accordance with due dates to make adequate progress toward course completion.
- We can provide a reliable internet connection prior to the start of the school year and plan for an alternative or back-up plan if you have temporary service interruption. (A limited number of district-supplied hot spots are available to families in need).
- We will complete all coursework agreed upon by course end date.
- We will abide by the AVA Handbook and student learning contract; as well as, student handbooks and district policies.
- We will contact the AVA Learning Coordinator if student is unable to participate in class.
- We will report technical problems to the Help Desk so we can provide timely assistance
- We will inform the Virtual Learning Coordinator immediately if there are any changes in contact information - physical address, phone number, email address, etc.
- We will arrange for transportation to mandatory state testing sessions or other required on-site events at AMS or AHS.

### Disclaimer and Signature

*I certify that my answers are true and complete to the best of my knowledge.*

Parent / Guardian \_\_\_\_\_ Date: \_\_\_\_\_  
Signature: \_\_\_\_\_

Return printed form to: 1903 Bartlett Ave, Altoona, WI 54720 attn: Emilee Perkins  
**or**  
Email completed form to: eperkins@altoona.k12.wi.us