COLBERT COUNTY SCHOOLS
CAPSTONE VIRTUAL ACADEMY
APPLICATION FOR ENROLLMENT

Date of Application:_____

Student Last Name:_____ Student First Name: _____

School of Current Enrollment: _____

Student Address:_____

Student Phone: _____ Student Cell:_____

Student E-mail Address: _____

Parent/Guardian Name:_____

Parent/Guardian Phone: _____ Parent/Guardian Cell:_____

Please provide a short explanation of why your child wishes to enroll in the Capstone Virtual Academy:

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I understand and agree to the following conditions:
 - My child must show adequate progress in Virtual School work, or he/she may be removed from the program.
 - My child must report to the campus of the student's base school at least once weekly to take assessments.
 - I must pay any applicable fees before my child can begin the Capstone Virtual Academy program.
 - Failure to meet the requirements of Capstone Virtual Academy may result in a return to the student's base school.
 - Actual enrollment is dependent upon considering the needs of each individual student, in order to determine if Virtual School is appropriate. This is decided through collaboration amongst Capstone Academy Administration, Base School Counselors & Administration, Superintendent of Colbert County Schools, and the Career Coach (if applicable).

_____   _____
Parent/Guardian Signature   Date

OFFICIAL USE ONLY			
_____	_____	_____	_____
Date Received	Date Reviewed	Decision	Administrator