



# COLBERT COUNTY CAPSTONE VIRTUAL ACADEMY APPLICATION FOR ENROLLMENT

School of Current Enrollment: \_\_\_\_\_ Date of Application: \_\_\_\_\_

Student Name: \_\_\_\_\_ Parent/Guardian Name: \_\_\_\_\_

Student Email: \_\_\_\_\_ Parent/Guardian Email: \_\_\_\_\_

Student Phone: \_\_\_\_\_ Parent/Guardian Phone: \_\_\_\_\_

Home Street Address: \_\_\_\_\_

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

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

---

---

---

---

---

---

I understand & agree to the following conditions if my child is accepted into the Virtual School Program:

- Students must show adequate academic progress or will be removed from the program.
- Students must report to campus as determined by Virtual School Administration.
- Students must pay any and all applicable fees before being enrolled in the Virtual School Program.
- Failure to meet the requirements of Virtual School may result in a return to the student's base school.
- Actual enrollment is dependent upon the circumstances and needs of each individual student in order to determine if Virtual School is appropriate. This is decided through collaboration amongst Virtual School Administration, Base School Counselor & Administration, Superintendent, and other school or district personnel deemed appropriate.

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

## Office Use Only

Date Received \_\_\_\_\_ Date Reviewed \_\_\_\_\_

Decision \_\_\_\_\_ Administrator \_\_\_\_\_