

# Thomasville City Schools Student Application Form

CITY Virtual Program



(Please print.)

Student's full legal name		Student email	
Grade 2018-19 (circle one)	6 7 8 9 10 11 12	Birth date	Age
Parent/Guardian's name(s)			
Complete home address	Street		
	City	State	Zip
Home phone		Parent Email	
Schedule Requirements <input type="checkbox"/> Full-time virtual <input type="checkbox"/> Hybrid (Virtual and On Campus courses)			
Interested in participating in: <input type="checkbox"/> Sports <input type="checkbox"/> Fine Arts <input type="checkbox"/> Other			
Does your child receive educational accommodations? <input type="checkbox"/> Yes <input type="checkbox"/> No			
If your child receives educational accommodations, please explain:			
Enrollment Status <input type="checkbox"/> Currently a CITY Virtual Student <input type="checkbox"/> Currently enrolled in Thomasville City Schools <input type="checkbox"/> Currently enrolled in another school system			
School attended during 2017-2018?			
<b>Please list the names for teacher that you are using as a reference and your guidance counselor.</b>			
Reference		Counselor	

Courses interested in taking virtually:

- English
- Math
- Science
- Social Studies
- Foreign Language
- Personal Fitness/Health
- Electives

# Thomasville City Schools Student Application Form cont.

CITY Virtual Program



Have you taken an online course?  Yes  No

Do you think an online course is easier than a regular in-school course?  Yes  No

Why do you want to take the course(s) online?

- |  |  |  |
|--|--|--|
| <input type="checkbox"/> Course(s) not available at school | <input type="checkbox"/> Flexible schedule options | <input type="checkbox"/> Schedule conflict   |
| <input type="checkbox"/> Credit recovery                   | <input type="checkbox"/> Small learning community  | <input type="checkbox"/> Personal preference |
| <input type="checkbox"/> Online learning experience        | <input type="checkbox"/> Non-traditional approach  | <input type="checkbox"/> Credit Acceleration |

Do you have computer and internet access at home?  Yes  No

My computer skill level is:  Good  Fair  Poor

How many hours a week do you spend on the computer? \_\_\_\_\_

<b>Think about your readiness by answering these questions with your parent/guardian:</b>	Yes	No
<b>Good Time Management:</b> Can you create and maintain a study schedule throughout the semester without face-to-face interaction with a teacher?		
<b>Effective Communication:</b> Can you ask for help, make contact with the instructor online, and describe any problems with learning materials using email and/or the telephone?		
<b>Independent Study Habits:</b> Can you study and complete assignments without direct supervision and maintain the self-discipline to stick to a schedule?		
<b>Self-Motivation:</b> Do you have a strong desire to learn skills, acquire knowledge and fulfill assignments in online courses because of an education goal? Can you maintain focus?		
<b>Academic Readiness:</b> Do you have the basic reading, writing, math and computer skills to succeed in the class?		
<b>Technologically Prepared:</b> Do you know how to open, create and/or save a document; use various technology tools (e.g., dictionary, thesaurus, grammar checker, calculator); and identify various file formats (e.g., doc, xls, pdf, jpg)?		

Do you have any questions or concerns about taking an online course?

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Student Signature

Date

Parent/Guardian Signature

Date

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# Thomasville City Schools

## CITY Virtual Program

### Parent/Student Contract

If accepted into in the Thomasville City Schools CITY Virtual program, I understand that the curriculum of this program can be more rigorous than that found in a typical middle school or high school class. I agree to support the academic demands of the program, will provide adequate time for class work and study, and will require that my child attend tutorial sessions if needed. I understand that my child may be transferred to his or her base school for poor academic performance, misconduct, or failure to remain on track with coursework. The Virtual Program Coordinator will maintain a record of schedules for students that plan to enroll as a hybrid virtual student. Parents will be required to contact the Virtual Program Coordinator to establish a weekly schedule for on-site students. Any changes to the agreed upon schedule will need to be communicated by the parent to the program coordinator prior to the change. Failure of the student to follow the agreed upon schedule will constitute skipping and will have disciplinary consequences. If the student is caught skipping a second time, not only will they face disciplinary consequences, but also possible removal from the program into a brick and mortar class.

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Parent signature

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Print name

If accepted into the Thomasville City Schools CITY Virtual Program, I understand that the curriculum of this program can be more rigorous than that found in a typical middle school or high school class. I will meet the academic demands of the program, will complete assignments, and will attend tutorial sessions if needed. I understand that I may be transferred to my base school for poor academic performance, misconduct, or failure to remain track with coursework. With enrollment into the CITY Virtual Program, I understand that if I am scheduled in a Virtual class for a period, I will be in the Virtual Lab during that period unless the my parent has contacted the Virtual Program Coordinator prior to that period. If I am found anywhere on campus other than the Virtual Lab, I will will face disciplinary consequences. If caught a 2nd time, not only will I face disciplinary actions, but also possible removal from the program into a brick and mortar class.

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Student signature

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Print name

# Thomasville City Schools

CITY Virtual Program

Teacher Recommendation Form: to be completed by a certified teacher who has taught the student for at least half of an academic year within the last two years.



Teacher's name	Student's full name
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My child, \_\_\_\_\_, is applying to attend the Thomasville City Schools Virtual Program for the 2018-19 school year. Please complete the recommendation form below for my child. I \_\_\_ do \_\_\_ do not waive my right to see this evaluation.

\_\_\_\_\_  
Parent Signature

**Students who have a successful, satisfying experience learning online share several critical characteristics. They have good time management skills, effective at communication, independent study habits, are self-motivated, are academically on track, and technologically prepared. Please consider these attributes when recommending this student for the virtual program.**

**Please rate the extent to which each of the traits listed below is displayed by the above named student where 1 = very rarely displayed and 5 = almost always displayed.**

1. The student is able to complete advanced work.	1	2	3	4	5
2. The student completes class work, homework, and projects on time.	1	2	3	4	5
3. The student shows a high level of motivation and is a self-starter.	1	2	3	4	5
4. The student displays a strong work ethic.	1	2	3	4	5
5. The student has good time management skills.	1	2	3	4	5

I taught the student in grade \_\_\_\_\_.

**Please answer each of the following questions with as much specificity as possible. Use the back of the form if necessary.**

1. How has the student demonstrated outstanding achievement and ability in your classroom?
2. Is there any *academic* reason that you think this student might not flourish in a rigorous, self-paced, virtual academic setting?
3. Did this student receive accommodations in your class? If yes, please explain.