



2017 VIRTUAL SCHOOL Pre-Qualification Form

This is a Pre-Qualification Form. Your child has been recommended as a possible candidate to participate in the 2017 Virtual School Program.

- Program:** Virtual School
- Eligibility:** District Managed SCS Students (grades 9-12) will be offered limited failed/new courses through Virtual School. This is a web-based program that requires the student to have a home computer with high speed internet. Scheduled face-to face teacher instruction will be held by appointment at Southwind HS. Upon completion of assignments, students must take a proctored post-test exam at Southwind HS.
- Program Dates:** **June 12 – July 21, 2017**
 1st semester - June 12 – 30
 2nd semester – July 3 – July 21
- Courses:** Economics, U.S. Government, Spanish III, Personal Finance, Physical Science, Physical Education, Wellness, French I, French II, Art History
- Cost:** SCS District Managed students' Failed Coursework is Free.
 SCS District Managed Students' New Coursework is \$100 ½ credit and \$200 for a full credit.
- Requirements:** This is a web-based program that requires the student to have a home computer (desktop or laptop).

REGISTRATION:

Registration will be held at the **Summer School Sites:**

Dates:

12 th Graders ONLY	Mon., June 5	8:00 AM – 3:00 PM – District Managed SCS students
11 th Graders ONLY	Tues., June 6	8:00 AM – 3:00 PM – District Managed SCS students
10 th Graders ONLY	Wed., June 7	8:00 AM – 3:00 PM – District Managed SCS students
9 th Graders ONLY	Thurs., June 8	8:00 AM – 3:00 PM – District Managed SCS students
All Grades	Fri., June 9	8:00 AM – 3:00 PM – District Managed SCS students

Parents will need to bring a copy of this **form** to registration on one of the dates listed above, along with one of the following:
FAILED COURSEWORK - a copy of the student's report card or student transcript
NEW COURSEWORK - a copy of student transcript

These forms will not be returned, so please have a copy available that you can leave with the Summer Site. **Students must register on the date assigned based on their 2016-17 school year grade level.**

Parent (s) or Guardian (s) Name _____ Home Phone # _____

Student's Name _____ Student ID# _____

Student's Grade Level _____ Student Date of Birth _____ Alt phone # _____

Current School _____ School phone # _____

Does the student have a 504? (Y) (N) What is the 504 for? _____

Does the student have an IEP? (Y) (N) Schools will need to include a copy of the IEP

Does the student uses medical equipment? (Y)

If yes, list equipment: _____

Parent Signature: _____ Date: _____

School Counselor Signature: _____ Date: _____

Summer School Office, 920 N. Highland, Memphis, TN 38122