

The virtual program is an alternative method of learning for our Kanawha County students in grades K through 5. This option is available, but there is limited space. We have created this process to make the best selection based on the students' needs. Complete this application If you would like your child to be considered for the program. Once completed, return the application to the principal of your child's school via email or mail it to KCS Board Office at:

Kanawha County Board Office Attention: Valery Harper 200 Elizabeth Street Charleston, WV 25311

Once received, the principal will finalize the application. The committee will review all applications and make determination of acceptance. Parents will be notified by email if approved or not. It is important to monitor your email while pursuing virtual admittance.

The application needs to be returned to your child's principal or the board office.

| Student Name: | | |
|---|-----|----|
| School: | | |
| Parents name completing the application: | | |
| Parents email: | | |
| Telephone Number: | | |
| Age of child: | | |
| Grade Level: | | |
| Do you currently have internet at your home (circle one): | YES | NO |

Who will be assisting your child with their schoolwork?

| Will the person who will be hours a day and be sure t | | | lown with him/her for at least 4 |
|---|----------------------|-----------------------|----------------------------------|
| YES | | NO | |
| What time frame will your | child be working? |) | |
| | | | |
| Who will be supervising yo | our child during th | ne day? | |
| | | | |
| What experience does the | person who will | be assisting your chi | ld have with technology? |
| | | | |
| What experience does you | ur child have with | technology? | |
| | | | |
| Does your child participate why? | e in any activities | outside the home? | If yes, please describe. If no, |
| | | | |
| Why do you think your chi | ld will benefit fror | n the program? | |
| | | | |
| | | | |

| Do you have any concerns about yo | our child being in the virtual program? |
|--|--|
| | |
| | |
| | |
| involvement. It is essential for parer | d of learning that requires more parental support and nts/guardians to be willing to work and monitor their child's successful. In signing below, you are agreeing to this u provided above is accurate. |
| Parent/guardian Signature | Date |
| *********** | ************ |
| Return this application to the buildi | ng principal or to the board office. Do not complete or write in the section below. |
| ************* | ************************************** |
| | |
| Princ | ipal Portion of the Application |
| Please review the parent's response disagree with? | es to the application. Is there anything you strongly agree or |
| | |
| | |
| Do you think the child will work and/ | or the parent will ensure the child works? |
| Yes | NO |
| Do you recommend this student for | the virtual program (circle one): |
| YES | NO |
| For the question above, please desc | cribe why? |

| Please provide the following information. This information does not prevent the child from being accepted into the program, but does assist the team with providing methods of support for the child. |
|---|
| Number of unexcused absences: |
| Number of wveis/dojo discipline incidents: |
| Does the student have a 504 or IEP? |
| |
| Please attach the students' most recent DIBELs diagnostic and any math inventories used at your school. |
| Please return this application via email or pony to Valery Harper (vharper@mail.kana.k12.wv.us) or Stephanie Carter (slcarter@mail.kana.k12.wv.us) at the board office. |
| Principal Signature Date |