

## Student Registration Checklist

\_\_\_\_\_  
Student Last Name (print)

\_\_\_\_\_  
Student First Name (print)

\_\_\_\_\_  
Student #

\_\_\_\_\_  
Parent/Guardian Last Name (print)

\_\_\_\_\_  
Parent/Guardian First Name (print)

I have completed an intent form and I am aware of \_\_\_\_\_ County Schools' Virtual Instruction Programs (VIP) options for enrollment. I choose to have my student participate in courses in the following program (circle one):

Sample County School's VIP Options (list your options in the table below)

Approved VIP Provider (7001)

FLVS Franchise (7004)

Inter-district

- I have completed online registration in FOCUS and/or a Data Verification Sheet.
- I have provided or will provide necessary student records as needed such as prior school transcripts, birth certificate, shot records, social security number, etc.
- I have provided or will provide proof of residence in \_\_\_\_\_ County, Florida. If proof of residence is not provided, my student may be ineligible to continue in virtual program/course.
- I have been made aware of the availability of computing resources to eligible students.
- I understand that students enrolled in this program must participate in all required exams, including, but not limited to course Final Exams, FSA, EOC, and PERT when required. Students must meet all state and county testing requirements related to promotion, awarding of credits, and/or graduation.
- I have provided current contact phone numbers and email addresses. I understand that email addresses are required along with current phone numbers. Regular communication with teachers is required. If our contact information changes at any time, it is my responsibility to update my account information or contact the virtual program office with current information.
- I understand that all virtual courses follow semester deadlines established by the school district calendar. Extensions outside of these dates cannot be granted.
- I understand that my student has the option of participating in before or after school activities, including athletics, at the zoned school. I may also choose to participate in a course on campus.
- I understand all academic integrity policies as presented and agree to aid in enforcement of all policies and procedures, including academic integrity.

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date Signed