



THE SCHOOL DISTRICT OF PHILADELPHIA
VIRTUAL ACADEMY
SCHOOL SELECTION APPLICATION



SECTION A: STUDENT & PARENT/GUARDIAN INFORMATION

STUDENT ID NUMBER:

--	--	--	--	--	--	--	--	--	--

Student Last Name:	Student First Name:	Student Middle Initial:
--------------------	---------------------	-------------------------

Current Address:

City:	State:	ZIP Code:
-------	--------	-----------

Date of Birth:	Gender (optional):	Race (optional):
----------------	--------------------	------------------

Check if Applicable: Special Education Status English Language Learner Status 504 Service Agreement

Parent/Guardian Last Name:	Parent/Guardian First Name:	Relationship to Student:
----------------------------	-----------------------------	--------------------------

Preferred Contact Number:	Secondary Contact Number:	Email:
---------------------------	---------------------------	--------

SECTION B: CURRENT SCHOOL INFORMATION

Current School Attended:	Current Grade (check): <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8 <input type="checkbox"/> 9 <input type="checkbox"/> 10 <input type="checkbox"/> 11 <input type="checkbox"/> 12
--------------------------	--

Current School Type (check one): District Charter Parochial Private Other

Current School Code (if applicable):	Have You Ever Been Expelled From a School?: <input type="checkbox"/> Yes <input type="checkbox"/> No
--------------------------------------	--

SECTION C: SCHOOL CHOICE INFORMATION

RANK	SCHOOL NAME	SCHOOL CODE	GRADE APPLYING TO
	VIRTUAL ACADEMY (PVA) SCHOOL	8780	

SECTION D: SIBLINGS WHO CURRENTLY ATTEND PVA SCHOOL

SIBLING#1

LAST NAME:	FIRST NAME:	DATE OF BIRTH:
------------	-------------	----------------

SIBLING#2

LAST NAME:	FIRST NAME:	DATE OF BIRTH:
------------	-------------	----------------

SIBLING#3

LAST NAME:	FIRST NAME:	DATE OF BIRTH:
------------	-------------	----------------

SIBLING#4

LAST NAME:	FIRST NAME:	DATE OF BIRTH:
------------	-------------	----------------

SECTION E: PARENT/GUARDIAN SIGNATURE

IMPORTANT: By signing this form, you indicate that all information provided is accurate. If any of the information that you have provided changes after turning in this form, please submit an amended form prior to September 2, 2014. Final enrollment will require address verification.

Parent/Guardian Signature:	DATE APPLIED:
----------------------------	---------------

INTERNAL USE ONLY

RECEIVED BY:	DATE RECEIVED:
--------------	----------------

**INFORMATION CONCERNING THE SCHOOL DISTRICT OF PHILADELPHIA
VIRTUAL ACADEMY ENROLLMENT PROCESS**

You may use this form to apply to The School District of Philadelphia's Virtual Academy for September 2014. Please note the following:

- Yellow bus transportation to drop-in centers is not provided for students who receive an approval to a school unless it is required in the child's Individual Education Plan (IEP) or 504 agreements.
- Admission is based upon space availability.
- All requests are to be made by the parent/legal guardian. Families can obtain this form from The School District of Philadelphia Educational Center, 440 N. Broad Street, Room 131 or via email at www.philasd.org/pva-registration.
- A separate form must be submitted per child.
- Admission is not guaranteed. Filling out an application does not guarantee the request will be approved.

ADDITIONAL DOCUMENTS REQUIRED

SCHOOL DISTRICT OF PHILADELPHIA STUDENTS

- ✓ Proof of Residency (please bring two of the following):
 - Deed, lease
 - Current utility bill
 - Current credit card bill
 - Property tax bill
 - Vehicle registration
 - Driver's license, and/or DOT identification card

NEW STUDENTS TRANSFERRING FROM ANOTHER SCHOOL DISTRICT

- ✓ Proof of Age: official birth certificate, baptismal certificate, notarized statement from the parent or other relative indicating the date of birth, valid passport, prior school record indicating date of birth
- ✓ Proof of Residency (please bring two of the following): deed, lease, current utility bill, current credit card bill, property tax bill, vehicle registration, driver's license, DOT identification card
- ✓ Immunization Record: Written statement from former school district, or from a medical office that the required immunizations have been administered, or that a requested series is in progress, or verbal assurance from the former school district or a medical office that the required immunizations have been completed, with records to follow
- ✓ Most recent report card (GRADES 6-8)
- ✓ An unofficial transcript from current high school (GRADES 9-12)
- ✓ For IEP or Gifted IEP (GIEP) students, submit both of the following forms:
 - A copy of your students' current IEP or Gifted IEP, and
 - The Evaluation Report (valid for three years)
- ✓ For 504 (Medical Accommodations) students: A copy of your student's current 504 Accommodation Plan