

Welcome to the Philadelphia Virtual Academy (PVA)!

We are currently accepting enrollment for School Year 2013-14. We look forward to serving your child.

The following information will start the enrollment process. Please complete this intake form and return the completed copy to the PVA drop-in learning center at 440 N. Broad Street, Suite 402, Philadelphia, PA 19130.

Please complete one application per child.

If you have any questions, please contact our online Help Center at	_or call
215-400	

*Fields marked with an asterisk are required.

*Student First Name	*Student's Date of Birth		
*Student Last Name	*What grade are you currently in?		
*Student Mailing Address			
School District of Philadelphia ID number	Student Pennsylvania Secure ID number		
*Parent's Name (First Name, Last Name)			
* Phone Number (Please provide the best number to reach you during the day)	Valid Email Address		

Translated versions of this document are available at: <u>www.philasd.org/translation</u> (search word "intake")

*Do you speak fluer	it English? A representative will contact you by phone, and we want
to be sure we have a	ny necessary interpretation services available for you as needed.
🗆 Yes	□ No

In what language v	would you like ι	is to follow-up with y	ou?
🗆 Albanian	□ Arabic	Chinese	□English
🛛 French	🛛 Khmer	🗆 Russian	□ Spanish
Vietnamese	□ Other		
*Is your child rece	iving any Englis	sh Language Learner	(ELL) supports?
🗆 Yes	🗖 No		
*Does your child h □ Yes	ave an IEP? Clas □ No	ssified as Special Edu	cation?
Vour child's Ushbi	an places list or	yy hobbiog your shild g	umontly has
rour child S hobbi	es- please list al	ny hobbies your child c	urrenuy nas
*What school does	your child curi	rently attend?	
In what sports act	ivities is your cl	hild interested?	
Where did you hea	nr about DVA?		
where and you hea			
*Why are you inte	rested in Philad	lelphia Virtual Acade	mv (PVA)?
y - y		r	

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