

**17-18 Virtual Student Checklist
Lafayette School District**

| | | | |
|--------------|-------|--------------|----------------------|
| Student Name | Grade | Student ID # | School of Enrollment |
|--------------|-------|--------------|----------------------|

Type of Program:

| | |
|--|---|
| <input type="checkbox"/> K-5 Full-time (K12) | <input type="checkbox"/> 6-12 Part-time (MDVS) |
| <input type="checkbox"/> K-5 Part-time enrollment *MB4+ | <input type="checkbox"/> 6-12 Full-time (MDVS) |

Eligibility Criteria Met: (only one needed to qualify)

- Student was enrolled for Oct. & Feb. FTE counts in the previous year
- Student is a military dependent who moved to Fla. in the last 12 months
- Student was enrolled in My District virtual instruction or Fla. Virtual School’s full-time program in the previous year.
- Student has a sibling who is currently enrolled in a virtual instruction program and was also enrolled at the end of the previous year
- Student is eligible to enter Kindergarten or first grade
- Student in Gr. 4 or 5 (for current year) and scored L4 or L5 on the previous FSA Reading and/or Math

Enrollment Process: (District Office Use ONLY)

| Item to complete | Date | |
|--|------|--|
| Registration on My District Virtual page (NEFEC) | | |
| Approved by District as eligible | | |
| District Emails parent—How to Enroll forms & AUP Form | | |
| District student email account requested (if needed) | | |
| Forms returned—Intent, Course List & AUP | | |
| Registration completed by student (FLVS / Calvert) choose My District Courses, if possible | | |
| Guidance Counselor approves course selections as appropriate for the student | | |
| Virtual Teacher assigned by NEFEC or FLVS | | |
| Email acct. given & procedure reviewed; Internet access reviewed | | |
| Course Begins | | |

**Lafayette District Virtual School
Student Registration Form**

Date: _____

Please fill in the following student information:

Full Name: _____

Physical (911) Street Address: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Gender: Male _____ Female _____ Date of Birth: _____ Place of Birth: _____

ETHNICITY: Is the student of: Hispanic/Latino origin? Yes or No
A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race.

RACE: PLEASE MARK ALL THAT APPLY. MORE THAN ONE MAY APPLY TO YOUR CHILD!!!

| | | | |
|--|-----|----|----|
| American Indian or Alaskan Native? | Yes | or | No |
| Black or African American? | Yes | or | No |
| Native Hawaiian or Other Pacific Islander? | Yes | or | No |
| Asian? | Yes | or | No |
| White? | Yes | or | No |

MILITARY ACTIVITY: A parent* of this child is an Active Member of our Armed Forces. Yes or No
*For this question, Parent is defined as natural parent or appointed legal guardian.

CONTACT INFORMATION:

Home Phone #: () _____ Grade: _____ Social Security #: (Optional) _____

Mother's Name: _____ Work Phone: () _____

Cell Phone: () _____

Father's Name: _____ Work Phone: () _____

Cell Phone: () _____

OR

Guardian's Name: _____ Work Phone: () _____

Cell Phone: () _____

Do you plan on participating in any extra-curricular activities? (i.e.: sports & etc. please list)

Has the student attended Lafayette District School previously? Yes or No

Do you live in **Lafayette County**? Yes or No (If **NO**, please list the county you currently live in below)

Name of school attended: (Including Home Education Programs)

Parent/Guardian Signature

Date

STUDENT NAME _____

GRADE _____

DATE OF BIRTH ____/____/____

Computer/Internet Use Policy
Lafayette School District

Lafayette School District views the use of computers and retrieval of information from the Internet in the same manner as information retrieval from referenced materials identified by the school (i.e. library). Specifically, Lafayette Elementary School supports those materials that will enhance the research and inquiry of the learner with directed guidance from faculty and staff. However, on a global network (the Internet) it is impractical to control *all* materials; users may discover inappropriate information.

Inappropriate Internet information and use is considered to be, but not limited to, the following:

1. The retrieving and viewing of any information that is pornographic in nature.
2. The disclosing of personal information without that person's consent.
3. Using profanity, obscenity, or other language that may be offensive.
4. Using chat sites other than those provided in the course.
5. Copying commercial software in violation of copyright laws.
6. Using the Internet for financial gains or for any commercial or illegal activity.
7. "Surfing" with no educational objective in mind.
8. Downloading and playing of games and/or music that are of no *direct* educational value
9. Any other activity that may bring embarrassment to the Lafayette District School System.

Inappropriate computer use is deemed to be, but not limited to the following:

1. Failure to keep personal passwords confidential, to include allowing others access under **your user name and password.**
2. Using profanity, obscenity, or language that may be offensive in the creation of any documents, to include the naming of files.
3. Rendering the computer or peripheral devices (mouse, printers, keyboard) inoperative.
4. "Tampering" with programs or files, to include unauthorized deleting.
5. Unauthorized installation of programs or files.
6. Unauthorized use of "teacher" computers.
7. Any use that violates the copyright laws.
8. Any use that violates established policies of Lafayette Elementary School, Lafayette High School, or the Lafayette District Schools System.
9. Physical damage to computers or peripheral devices.

Failure to comply with the above or any other item deemed necessary by the Technology Specialist or Administration will result in the loss of computer privileges at Lafayette Elementary School or Lafayette High School and/or possible disciplinary actions.

Access to computers and the Internet at Lafayette School District will only be granted with a dated student and parent/guardian signature below. These signatures indicate agreement, understanding, and compliance with the policy stated herein.

Student Signature

Date

Parent/Guardian Signature

Virtual Program Intent/Declaration Form

I understand that there are multiple non-traditional educational options available in Lafayette County. By checking my selection and signing below, I declare that I am selecting this option for my child for the 2017-18 school year. I understand that this is minimally a semester commitment. Students cannot switch back and forth between Lafayette schools except at the semester. Grades can only be transferred if a course has been completed at the semester.

I understand that in addition to this form, I will need to complete and submit additional registration forms required at Lafayette County District Schools. These forms must be returned to Becky Sharpe at Lafayette District Schools, 160 Hornet Drive, Mayo, FL 32066

The forms include:

Student entering from a Lafayette County School:

Pupil Information Sheet
Transcript

Student that is NEW to Lafayette County Schools:

Pupil Information Sheet
Copy of birth certificate
Florida Certificate of Immunization (DH 680)
Transcript

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For the 2017-2018 school year, I select:

____ K-5 Lafayette Virtual School

____ K-12 7023 ____ full-time ____ part-time

____ 6-12 Lafayette Virtual School

____ FLVS/MDVS 7004 ____ full-time ____ part-time

Grade enrolled in 2016-17: _____ Regularly Zoned School _____ F/R Lunch eligibility

Parent Signature _____ Date _____

Parent email _____ Phone _____

Student's Full Legal Name _____

Student's email: _____ Phone _____

District Staff Signature: _____ Date: _____