

Enrollment Zoom Conference: _

Virtual Learning Program

2020-21 Spring Semester Application

By completing this form, I am indicating my intent to have the students listed below enrolled in the virtual learning model for the spring semester of the 2020-21 school year. I understand that I need to be committed to this program for the full semester. This form must be received by Monday, November 30, 2020 and a Zoom enrollment call must be completed between December 1-10, 2020 for enrollment in the all Virtual Learning Program for the spring semester. Contact the Admissions Office to schedule the Zoom enrollment call (admissions@alcs.us).

Parent Name(s):		
Address: Parent Phone Number:		
Students to enroll in the Virtual Learning Program:		
Student Name:	Grade:	
I understand the ALCS All Virtual Program is an online learning students and that a Virtual Learning Coordinator is available t acknowledge this program is not the same as having an ALCS level or courses. Students must be independent, motivated lewith supervision, accountability and organization.	o help facilitate participatio classroom teacher dedicate	n. Additionally, I d to my child's specific grade
I also understand that weekly materials must be picked up at my child(ren) have what is needed to participate in learning e	·	every Monday to ensure that
Parents Signature:	Date:	
Completed forms should be sent to the A	dmissions Office at admissi	on@alcs.us.
(For office use only)	ntes:	