



Application Packet

Grades K-12

Steps for enrollment

Submit the following documentation required by the State Board of Education:

APPLICATION FORM AND ENROLLMENT PAPERWORK

- Application Form (consists of four parts)
- Emergency Medical Authorization
- Consent for Release of Student Records
- Previous School History
- Computer Deployment Form
- Title I School-Family Compact
- Title I Household Survey
- Testing Contract

- PROOF OF RESIDENCY** - Must be a utility bill in the guardian's name, a copy of a current lease or a mortgage statement only.
- BIRTH CERTIFICATE** - A copy of the student's birth certificate. A copy of a baptismal certificate, passport or naturalization papers are acceptable in lieu of a birth certificate.
- UNOFFICIAL TRANSCRIPT** - Please provide unofficial transcripts for high school students. According to Ohio Revised Code, schools must provide this upon your request.
- GRADE CARD** - Please provide grade cards for students in grades 1-12.
- IMMUNIZATION HISTORY** - Under the Ohio Revised Code, the parent or legal guardian is required to submit written evidence that his/her child has had all the required immunizations. It is the parent's or guardian's responsibility to furnish this information.
- COPY OF CUSTODY ORDER OR DIVORCE DECREE** (if applicable) - Under the Ohio Revised Code, proof of custody **MUST** be presented for any student for which custody has been determined by a court. **Please provide adoption papers or other guardianship documents.** If you've had a recent name change, please provide the appropriate documentation for that as well.
- SPECIAL NEEDS DOCUMENTATION** (if applicable) - Please provide the most recent Individual Education Plan (IEP) and Evaluation Team Report (ETR). Also, please provide copies of any psychological testing.
- TALENTED AND GIFTED DOCUMENTATION** (if applicable) - Please provide Iowa scores, IQ test, etc.
- OAA OR OGT SCORE** - Please provide the Ohio Achievement Assessment scores for students in grades 3-8 and Ohio Graduation Test scores for students in grades 10-12, along with the dates of those results.

Applications and necessary documentation must be mailed or faxed to VCS Ohio.

Mailing address:
VCS Ohio
Attn: Enrollment Department
4480 Refugee Road, Suite 201
Columbus, OH 43232

Fax number: (614) 455-9936
Toll-free phone: (866) 501-9473, option 2
Local phone: (614) 501-9473, option 2



All information will remain confidential

Today's date _____

Student Information

Name _____ First Middle Last

Gender: [] Male [] Female

Date of Birth (month/day/year) ____/____/____ Age ____ Student grade ____

Was this student using an IEP or 504 form? [] Yes [] No

Has this student participated in a talented and gifted program? [] Yes (please provide Iowa scores, IQ test, etc.) [] No

Is this student a parent or expectant parent? [] Yes [] No

Does this student hold a part-time or full-time job? [] Yes [] No

City of Birth _____ State _____ County _____

Social Security Number _____ - _____ - _____

Home Address _____

P.O. Box (if applicable) _____

City _____ State _____ Zip _____

Phone () _____ [] Listed [] Unlisted

Student e-mail _____

Emergency Contact Information

Please provide two emergency contacts in the event that the parent/guardian is unreachable.

Name _____ Phone () _____

Relationship to student _____

Name _____ Phone () _____

Relationship to student _____

Signature of parent/guardian authorizing these emergency contacts: _____

Name of Student _____

Enrollment Application - Part II

Primary Residential Parent/Guardian

Name _____ Relationship _____
First Middle Last

Name _____ Relationship _____
First Middle Last

Address _____

City _____ State _____ Zip _____

Home Phone () _____ Work Phone () _____

Cell Phone #1 () _____ Cell Phone #2 () _____

E-mail address _____

- Does this student reside with this individual? Yes No
- Does this individual have legal custody? Yes No
- May this individual access this student's records? Yes No

Comments _____

Step-Parent or Non-Residential Parent

Name _____ Relationship _____
First Middle Last

Name _____ Relationship _____
First Middle Last

Address _____

City _____ State _____ Zip _____

Home Phone () _____ Work Phone () _____

Cell Phone () _____ E-mail address _____

- Does this student reside with this individual? Yes No
- Does this individual have legal custody? Yes No
- May this individual access this student's records? Yes No

Comments _____

Name of Student _____

Enrollment Application - Part III

Internet Service Provider

Do you currently have internet service? Yes, my provider is _____ No

Ethnic Code

- White, Non-Hispanic
- Black or African-American, Non-Hispanic
- Hispanic/Latino
- American Indian or Alaskan Native
- Asian
- Multiracial

Native Language

Is English the student's native language? Yes No

If no, what is the student's native language? _____

What language is spoken most frequently in the household? _____

Migrant or Homeless Status

Is this student, this student's parent, guardian or spouse a migratory worker? Yes No

Does this student lack a fixed, regular and adequate nighttime residence? Yes No

Enrollment Application - Part IV

I agree to the release of VCS Ohio student directory information; which includes student name, age, address, phone number and parent names. Yes No

How did you hear about VCS Ohio?

- TELEVISION Cable *Which cable system?* _____ Broadcast *Which network?* _____
- RADIO *Which station?* _____ *City?* _____
- NEWSPAPER OR MAGAZINE *Title of publication?* _____
- MAILING..... ValPak Postcard Other *Please specify:* _____
- EVENT *Which event?* _____
- FRIEND OR FAMILY MEMBER *Name (optional)* _____
- REFERRAL *Name (optional)* _____
- INTERNET Search Engine *Which?* _____ Ad *Which site?* _____
- OTHER..... *Please specify:* _____

I certify that the information reported on this application is accurate.

Parent/guardian signature _____ Date _____

Relationship to student _____

Statement of Non-Discrimination

It is the policy of the Virtual Community School of Ohio to provide equal opportunities in all of its educational programs and operations and in all areas of employment practice, and to ensure that there shall be no discrimination against any employee or applicant or student on the basis of age, race, color, religion, disability, sex, national origin or ancestry. The Virtual Community School of Ohio is an Equal Opportunity Employer.