

Curriculum Services

Virtual Education – Application for Enrollment

**STANBERRY R-II SCHOOL DISTRICT
APPLICATION FOR ENROLLMENT IN THE MISSOURI ACCESS
AND VIRTUAL SCHOOL PROGRAM**

A. Background

1. Name of Student Applicant: _____
2. Date of Application: _____
3. Date of Birth: _____
4. Applicant’s Resident Address: _____

5. Length of Time Residing at Listed Address: _____

B. School Attending

1. School Presently Attending: _____
2. Are You Attending as a Full-Time Student? _____
 - i. When did you begin full-time attendance? _____
3. School, including Charter, attend during the school semester prior to this application:

School

Address

4. If Applicant did not attend school in the semester prior to application, was the reasons for non-attendance?
 - i. Documented medical condition which prevented attendance: Yes or No
 - ii. If yes, please provide documentation of condition.¹
 - iii. Psychological diagnosis or condition which permitted attendance. Yes or No
 - iv. If yes, please provide documentation of diagnosis.

C. Program Requested

1. Identify the course or courses requested in this Application:

2. Identify the Virtual Course Provider

I attest that the information provided in this application is true and accurate to the best of my knowledge.

Student

Parent / Guardian

STATE OF MISSOURI)
) ss
COUNTY OF _____)

In witness whereof, I have hereunto subscribed by name and affixed my official seal, this _____ day of _____, 202__.

Notary

¹ Medical documentation submitted will be treated confidentially and will be kept in a sealed file apart from the Student's educational records.