



# MAYSVILLE PUBLIC SCHOOLS

## Virtual Learning Academy Application

\*Indicate Program Application Request:

Virtual Elementary

Virtual Secondary

### **Student Information:**

Student Name \_\_\_\_\_ Check one:  Male  Female

Does the student have an Individualized Education Plan (IEP)?  Yes  No **504?**  Yes  No  
**Copy of IEP or 504 must be attached (if applicable)**

School Site \_\_\_\_\_ Date last attended \_\_\_\_\_

Grade Level \_\_\_\_\_ Date of birth \_\_\_\_\_ Age \_\_\_\_\_

Home Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Email Address \_\_\_\_\_ Cell Phone \_\_\_\_\_

Medical Conditions \_\_\_\_\_ Is student suspended? \_\_\_\_\_

### **Parent/Guardian Information:**

Name \_\_\_\_\_ Relationship \_\_\_\_\_ Cell Phone \_\_\_\_\_

Name \_\_\_\_\_ Relationship \_\_\_\_\_ Cell Phone \_\_\_\_\_

Required:

Specific Reason for request: \_\_\_\_\_  
(Use back if needed)

When application is completed, please return to the Virtual Coordinator, Mr. John Edwards, [jkedwards@maysville.k12.ok.us](mailto:jkedwards@maysville.k12.ok.us).  
You will be contacted by the school to schedule a meeting with school officials to determine how best we can serve your student.

Student Signature \_\_\_\_\_ Date \_\_\_\_\_

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

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*Principal Signature* \_\_\_\_\_ *Counselor Signature* \_\_\_\_\_

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