Pioneer Virtual Academy Virtual Student Application

Student Name:_____

Date of Birth:_____Age:_____Grade:_____

Student Email:_____Student Cell:_____

Parent/Guardian Name:_____

Parent/Guardian Phone:_____Alt. Phone_____

Address:_____

Parent Email _____

Circle any that apply: IEP   504   RTI
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Please attach a letter that tells us why are you interested in becoming a student of Pioneer Virtual Academy.

What are your goals for high school and plans after graduation?_____

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PLEASE NOTE: ALL APPLICATIONS MUST BE SIGNED BY THE PROSPECTIVE STUDENT AND HIS/HER PARENT/GUARDIAN BEFORE BEING CONSIDERED FOR PIONEER VIRTUAL ACADEMY.
THIS SIGNATURE INDICATES YOU ARE AWARE THAT ACCEPTANCE TO THE PROGRAM IS NOT GUARANTEED. ACCEPTANCE IS DETERMINED THROUGH A CRITERIA PROCESS FOCUSING ON ACADEMICS, ATTENDANCE, AND BEHAVIOR. PROSPECTIVE STUDENTS AND THEIR PARENTS WILL BE NOTIFIED BY PIONEER VIRTUAL SCHOOL COORDINATOR AFTER THE APPLICATION IS PROCESSED.

Student Signature:_____Date:_____

Parent Signature:_____Date:_____

Please complete or provide a transcript.

English I	Algebra I	Physical Science
English II	Algebra II	Biology I
English III	Geometry	Biology II
English IIII	Other Math	Physics / Chemistry

World History   Physical Education (½ credit)
US History   Wellness
Government (½ credit)
Economics (½ credit)   Foreign Lang I
Personal Finance (½ credit)   Foreign Lang II

Fine Art

Elective Focus 1   Other_____
Elective Focus 2   Other_____
Elective Focus 3   Other_____
Elective Focus 4   Other_____

Total:_____

Taken ACT ☐ yes   ☐ no

Passed Civics Exam ☐ yes   ☐ no

Taken OSHA 10 ☐ yes   ☐ no