Student Name: ____________________________________  Grade: _____  ID Number: _________________

Student Email and Phone #: _________________________________________________________________

Term:  Fall  Spring  Summer

Courses: ___________________________________  ___________________________________

Attention Students: Please complete the checklist below in the order listed.

- Meet with your guidance counselor  Counselor’s Initials _____
- Create a virtual account on www.flvs.net  Student’s Initials _____
- Sign up for requested courses through the recommended platform:  Student’s Initials _____
  EVA/FLVS  OR  Peak
- Return this form to guidance for approval  Counselor’s Initials _____

Dear Parents/Guardians:

Your child is interested in enrolling in virtual courses (see those listed above) through Escambia Virtual Academy (EVA), Florida Virtual School (FLVS), and/or Peak (Fuel Education). Students are required to complete these courses at times that are convenient for them outside of the regular school day.

Please also note the following important reminders:

- For these courses to be used towards graduation, students in virtual school must be completed with all work, turn in all grades, and provide all credits earned to their guidance counselor as soon as completed.
- Students who take and pass Algebra 1, Geometry, US History, or Biology will be required to take the state End of Course (EOC) exam before credit can be awarded. It is important that you schedule to take your EOC exam with your guidance counselor as soon as you have completed your virtual course.

Your signature below indicates permission for your child to enroll in virtual courses. You understand that these courses are completed via a computer-based program, and that it is ultimately your child’s responsibility to complete all required work within the set time frame. Grades and credits earned should be communicated with the guidance department as soon as completed.

_______________________________________  _________________________________________________
Parent/Guardian Name  Parent/Guardian Signature

____________________  __________________________________________________________________
Date  Email / Phone #