**VIRTUAL APPROVAL FORM**

Student Name: _______________________________  ID#: __________

Term:  Fall  Spring  Summer

Course Title: _______________________________  Segment: __________

Course Title: _______________________________  Segment: __________

**ATTENTION STUDENTS:** Please work w/ your counselor to complete the steps as listed below.

1) Meet with your guidance counselor to establish need/interest.
   *Last day to sign up for summer courses is June 23, 2017.*  
   Date: __________

2) Counselor indicates the correct virtual platform--EVA, FLVS, or PEAK.

3a) **If PEAK,** then the course will be entered by the counselor in Focus.
    *Students: You will receive email at your ecsl account w/ login information.*  
    Student’s Initials: ______

3b) **If EVA or FLVS,** then the student must complete the following steps:
    - Create a virtual account on [www.flvs.net](http://www.flvs.net).
    - Request the course(s) listed above through the indicated platform.
    Student’s Initials: ______  
    Student’s Initials: ______

4) Return this form to your counselor for final verification/entry of course(s).
   Student’s Initials: ______

**DEAR PARENT/GUARDIAN:**

Your child is interested in enrolling in a virtual course(s), as noted above, through a computer-based program. **Students are required to complete these courses at times that are convenient for them outside of the regular school day.**

Please review the following IMPORTANT information with your child, then sign below:

- Once students receive an email from their virtual school teacher stating the course is complete and a grade has been posted, *the students are responsible for communicating all credits earned with their guidance counselor.*
- Non-passing grades are still documented in the student’s academic history in Focus.
- Students who take and pass Algebra 1 or 2, Geometry, US History, or Biology through virtual school will be required to take the state End of Course (EOC) exam before credit can be awarded. **It is the student’s responsibility to schedule their EOC exam with their guidance counselor as soon as the virtual course is completed.**

Parent/Guardian Name: ___________________________  Parent/Guardian Signature: ___________________________

Date: __________  Email and/or Phone #: ___________________________

---For Counselor Use Only---

<table>
<thead>
<tr>
<th>Form Returned Signed / Completed</th>
<th>PEAK Course Entered in FOCUS</th>
<th>EVA / FLVS Course Approved on FLVS</th>
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<tbody>
<tr>
<td>Date</td>
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<td>Initials</td>
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