

DRAFT Cville Schools Virtual Learning Application 21-22

Please answer each question as completely as you can. In addition to your application, a committee will review your student's academic records, attendance, and past performance in virtual learning environments.

* Required

Email *	
Your email	
Student - Last Name, First Name *	
Your answer	

Parent - Last Name, First Name *

Your answer

Parent - email address *



Parent - phone number *
Your answer
What school did your child attend THIS year (2020-21)? *
Burnley-Moran Elementary
Clark Elementary
Greenbrier Elementary
Jackson-Via Elementary
Johnson Elementary
Venable Elementary
Walker Upper Elementary
O Buford Middle
O CHS



What grade did your child just complete? *
O 2
○ 3
O 4
O 5
O 6
O 7
O 8
O 9
O 10
O 11
Has your student participated in virtual learning this spring (since March)? *
Yes
○ No
Explain why you would like to enroll your student in virtual learning (check all that apply) *
My student has been a successful virtual learner.

Virtual learning meets my student's learning needs.
Virtual learning meets my student's emotional or mental health needs.
Other:
Below are statements from successful virtual learners. Please check all that apply
to your student. *
I am a self-motivated and self-disciplined student.
I enjoy working independently.
I am not afraid to ask for help.
I have good time-management skills that allow me to schedule times throughout the week to work on my course.
I can meet deadlines for schoolwork.
I am unafraid to communicate any questions or concerns to my teacher either online or face-to-face.
I like to get things done today and not tomorrow.
I will not miss any required interaction with my teacher and classmates.
I do not give up easily, even when confronted with obstacles.
I am willing and able to commit to the same number of hours per week per course as I would for a traditional course.
I understand that online courses can be more challenging than face-to-face classes.
I have good computer literacy skills.
I am comfortable in a "virtual environment" - email, sending attachments, online
discussions, learning management system.
I am not afraid to try new things.

Explain why you think virtual learning fits your student's learning style/needs. *



What would you do if your student was not being successful in their virtual class? *
Your answer
I agree for my student to keep their camera on during virtual learning class time. *
○ Yes
O No
I understand that an adult (not another student in Charlottesville City Schools) needs to be on site to support the learning of any student in grades 3-6. *
Yes
O No
I am aware that there will be an increased daily, synchronous attendance requirement. *
O Yes
○ No

I understand that if my student is not successful in virtual learning, the school will reassign my student to in-person learning. *	
○ Yes	
O No	

In order for your application to be processed, you must read and agree to the requirements outlined in the Virtual Learning Student/Parent Handbook found at the following link. (LINK TO COME) *

I have read, understand, and agree to the information outlined in the Virtual Learning Student/Parent Handbook.

A copy of your responses will be emailed to the address you provided.

Submit

Never submit passwords through Google Forms.



This form was created inside of Charlottesville City Schools. Report Abuse

Google Forms

