



(715)378-2263 - www.solonk12.net

SCHOOL DISTRICT OF SOLON SPRINGS

8993 E Baldwin Avenue - Solon Springs, WI 54873

APPLICATION TO ENROLL IN SOLON SPRINGS VIRTUAL SCHOOL

Please fully complete the information below and return to the Solon Springs Virtual Program Coordinator no later than:
August 15 for registration in the Fall Semester or **December 15** for registration in the Spring Semester.

Student's Information:

Student's Name: _____ Date of Birth _____

Age _____ Gender _____ Address _____

City _____ Zip Code _____ Current School Name _____

Current Grade Level _____ Credits currently earned (for HS applicants) _____

A high school transcript, 5th grade, or last grade completed report card must accompany application.

Full Virtual Part-Time Virtual Other: _____

Parent/Caregiver Information

Student resides with: Both Parents Mother Father Other _____ (Please specify)

Primary Caregiver:	Secondary Caregiver:
Name: _____	Name: _____
Address: _____	Address: _____
State/Zip: _____	State/Zip: _____
Phone: _____	Phone: _____
Email: _____	Email: _____

Parent/Caregiver's Signature: _____

Date: _____

Parent/Guardian/Caretaker Agreement

As a Parent/Guardian/Caretaker of a Student in Solon Springs Virtual Program I agree:

Educational Decisions:

- I am responsible to assist my student meet deadlines as outlined by the school calendar.
- I am responsible for my transporting my student for his/her participation in onsite school activities.
- I am responsible for ensuring my student is at the school to take the required local and state tests.
- I understand that I am responsible for reviewing family and enrollment information and will notify the school immediately of any errors or changes.

Connexus Learning

Connexus Learning contains nearly all of the tools and resources that you and your student need for school. After enrolling in Solon Springs Virtual Program, you will use Connexus to manage your student's education. Your student will use Connexus to complete coursework and communicate with his or her teachers and other students. The following items relate to the use of Connexus.

- I agree to comply with all federal and state laws and applicable School District of Solon Springs policies, terms and conditions with regard to my access to Connexus.
- I will not use Connexus for the purpose of creating a hostile environment by harassing, threatening, intimidating, degrading or abusing any Connexus user.
- I understand that I'm being provided full access to Connexus with respect to the student I am registering who will be enrolled in the Solon Springs Virtual Program.
- I agree to access Connexus solely for the purpose for which it is intended.

Hardware

You and your student will need regular computer and Internet access to complete this program. Refer to the Hardware and Connectivity section of this handbook to determine if your equipment meets these standards.

Documentation and Records

- I understand that students in Solon Springs Virtual Program are held to the standards and practices outlined in this handbook and to the policies of the School District of Solon Springs.
 - If your student participates in onsite classes or District co curricular or extracurricular activities, handbooks governing those areas also apply.
- All information that is provided in the program application is accurate.
- There is no current court order that restricts my access to the student's educational records or prevents me from making educational decisions regarding the student listed as program applicant.
- I understand that it is my responsibility should any information regarding this application change to notify the Solon Springs Virtual Program Coordinator Immediately.

Parent/Guardian/Caretaker Name (Printed) _____

Signature: _____ Date _____

RELEASE OF STUDENT RECORDS REQUEST

The Solon Springs District is committed to equal educational opportunity for all students in the District. It is the policy of Solon Springs Schools, pursuant to s. 118.13, Wis. Stats., and PI 9, that no person may be denied admission to any District school or be denied participation in, be denied the benefits of or be discriminated against in any curricular, extracurricular, pupil services, recreational or other program or activity because of the person's sex, race, color, religion, national origin, ancestry, creed, pregnancy, marital or parental status, sexual orientation or physical, mental, emotional or learning disability.

***I hereby authorize the School District of _____ to
release to the
School District of Solon Springs the pupil records of:***

Students 's First Name	Initial	Last Name	
Previous School Name		Birth Date	Last Grade Enrolled
School Address (if known)	City		State

Please include the following records:

- *Academic Progress – Grades, Attendance, Transcript, etc.*
- *Special Education: Current IEP and Evaluation*
- *Behavioral – Health, Standardized Tests, Psychological Tests, etc.*

Parent/Guardian Signature:

Date:

Solon Springs Vision:

"We are a caring community engaged in challenging each other to meet our highest potential."

*All student records should be sent to: Ms. Linda Parker
School District of Solon Springs
8993 E Baldwin Avenue
Solon Springs, WI 54817
(Tel: 715-378-2263) - (FAX: 715-378-2073)*