



(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.**

Does your child have an IEP or 504? \_\_\_ YES \_\_\_ NO

**Please provide a copy of your child's last IEP or 504 plan with this application.**

---

Full Virtual \_\_\_ Part-Time Virtual \_\_\_ Other: \_\_\_\_\_

**Parent/Caregiver Information**

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

Name of **Primary** Caregiver: \_\_\_\_\_

Name of **Secondary** Caregiver: \_\_\_\_\_

Address: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone Numbers: Home \_\_\_\_\_ Work \_\_\_\_\_ Cellular \_\_\_\_\_

Phone Numbers (Secondary Caregiver): Home: \_\_\_\_\_ Work: \_\_\_\_\_ Cell: \_\_\_\_\_

---

Parent Email Address: \_\_\_\_\_

Parent/Caregiver's Signature: \_\_\_\_\_

Date: \_\_\_\_\_

**Course Registration**

Solon Springs Virtual Program and Connections Learning operate on a semester basis please use the table below to select courses for the appropriate semester. This page should be completed with assistance of the Virtual Program Coordinator or Virtual Program Supervisor who should approve this schedule.

Student Name: \_\_\_\_\_ Grade Level \_\_\_\_\_

<b>Fall Semester</b>	<b>Spring Semester</b>

Student Signature: \_\_\_\_\_

Parent Signature: \_\_\_\_\_

Coordinator/Supervisor Signature: \_\_\_\_\_

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.

# 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 \_\_\_\_\_