



## Enrollment Package Instructions/Checklist

Please complete one Enrollment Package for each student seeking admission to the Iowa Virtual School Program (IAVSP). Print clearly with blue or black ink. Be sure to include the student's name and phone number at the bottom of each page of each form; this step ensures that we have the correct information for the student should the pages of the documents get separated. **NOTE: Students are not officially enrolled until all completed forms have been submitted. As you complete each item, please mark the box on the list below. Keep this checklist for your records only. If you have any questions or need assistance, please contact us.**

Form	Page
<input type="checkbox"/> <b>Enrollment Form</b> . . . . .	1
Please fill out all of the information sections. Make sure you provide complete information including full mailing and shipping addresses. To ensure accurate data entry, spell out all abbreviations, including street names and town names.	
<input type="checkbox"/> <b>Additional Required Documentation</b> . . . . .	6
Include a COPY of each student's current immunization records, a COPY of the student's birth certificate, and a COPY of a document showing proof of residence (voter registration, local or state tax documents, or other official document addressed to the parent/legal guardian living with the student).	
<input type="checkbox"/> <b>Placement Request Form</b> . . . . .	7
This form allows you to place your student in courses different from the age-appropriate grade level. It includes the option of sharing courses between siblings close in age.	
<input type="checkbox"/> <b>Release of Student Records</b> . . . . .	8
This form is required to transfer your student's previous school records. If your student is entering kindergarten or was not previously enrolled in a school, write "Not Applicable" on the form.	
<input type="checkbox"/> <b>Agreement for Use of Instructional Property</b> . . . . .	9
The school will provide computer hardware and software to you while your student is enrolled. You will be responsible for maintaining it and returning it in good working order. Please read the agreement carefully, sign page 10, and return it with your enrollment documents. We cannot ship your computer, or complete your enrollment, until we receive this portion of the form.	
<input type="checkbox"/> <b>Consent to Education Records Disclosure</b> . . . . .	11
IAVSP and its curriculum provider, K12 Inc., need the ability to disclose the student's name and address to vendors, such as the computer manufacturer and the materials supplier, that provide important services related to the student's education. Complete and sign the form to provide your consent to these limited disclosures.	
<input type="checkbox"/> <b>Enrollment Acceptance</b> . . . . .	12
Initial the statements acknowledging your expectations and sign the final form indicating that you intend to enroll your student in the school, if accepted.	



## Enrollment Form for the 2003–2004 School Year

Please complete a separate Enrollment Package for each student. Print clearly with blue or black ink.

### Student Information

**Student's Legal Name:** \_\_\_\_\_  
last first middle

**Preferred Name:** \_\_\_\_\_ **Gender:**  Male  Female

**Age:** (as of 9/15/03) \_\_\_\_\_ **Date of Birth:** \_\_\_\_\_

**Grade Enrolling in:**  K  1  2  3  4  5  6  7

Are you requesting a grade- or course-level placement that differs from the age-appropriate standard? (See the Placement Request Form on page 7 for details.)  Yes  No

**Legal School District of Residence:** \_\_\_\_\_

**Ethnicity:** (check one)  American Indian/Alaskan Native  Asian  Black, not Hispanic  Hispanic  White, not Hispanic  
 Native Hawaiian or other Pacific Islander  Multi-racial  Other  Decline to state

**Student's Social Security Number:** \_\_\_\_\_

**Home Phone:** ( ) \_\_\_\_\_

**Mailing Address:**

Street: \_\_\_\_\_ Apartment: \_\_\_\_\_

City: \_\_\_\_\_ County: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

**Shipping Address:**  Same as mailing address

(Must be the physical address of parent or legal guardian for materials delivery. No post office [P.O.] boxes.)

Street: \_\_\_\_\_ Apartment: \_\_\_\_\_

City: \_\_\_\_\_ County: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

**If you are planning to move, please be sure to notify IAVSP as soon as possible. Shipping occurs periodically throughout the school year for some courses.**

**Student lives with:**  Both parents  Both parents alternately (joint custody)  Mother  Father  Legal guardian

**Family E-mail Address:** \_\_\_\_\_

<b>Student's Name:</b> _____	<b>Student's Home Phone:</b> _____	<b>1</b>
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**Previous School Information**

Please complete all applicable parts.

**Type of Previous School:**  Public school  Private school  Home school  Charter school  
 Preschool  Part-time public school/home school assistance program  
 Not in school/other Please explain. \_\_\_\_\_

**Previous School District:** \_\_\_\_\_

**Name of Previous School:** \_\_\_\_\_

**School's Address:**

Street: \_\_\_\_\_

City: \_\_\_\_\_ County: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

**School's Phone:** ( \_\_\_\_\_ ) **School's Fax:** ( \_\_\_\_\_ )

**Teacher's Name:** \_\_\_\_\_

**Withdrawal Date:** \_\_\_\_\_ **Withdrawal Grade Level:**  K  1  2  3  4  5  6  7

**Home Language Survey**

**Student's Birthplace:**

Country: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_

If not born in the United States, date of entry to the country: \_\_\_\_\_

**Student's Primary Language:**  English  Another language: (specify) \_\_\_\_\_

**English as a Second Language (ESL) Services Assessment:** (check one)

- 1. Only English spoken/understood
- 2. Mostly English spoken/understood
- 3. English and another language spoken/understood
- 4. Some English spoken/understood
- 5. No English spoken/understood

**If you checked any of 2–5 above, fill in the following information:**

What language does the student speak most at home? \_\_\_\_\_

What language(s) does the student read? \_\_\_\_\_

What language(s) does the student write? \_\_\_\_\_

Has the student attended one or more public schools for more than three full academic years?  Yes  No

<b>Student's Name:</b> _____	<b>Student's Home Phone:</b> _____	<b>2</b>
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**Special Programs**

Has your student participated in any of the following special services?

Gifted & Talented     ESL (English as a Second Language)     Title 1/Chapter 1

504 Plan (If yes, please describe.) \_\_\_\_\_

Special Education with an IEP (If yes, please describe.) \_\_\_\_\_

Do you have a copy of the IEP?     Yes     No (If yes, please enclose a copy.)

Do you have other special education records?     Yes     No (If yes, please list.) \_\_\_\_\_

**Sibling Information**

Sibling's Name	Enrollment Status	Date of Birth	Relationship to Student
	<input type="checkbox"/> Enrolling this year <input type="checkbox"/> Enrolled last year <input type="checkbox"/> Not enrolling now		
	<input type="checkbox"/> Enrolling this year <input type="checkbox"/> Enrolled last year <input type="checkbox"/> Not enrolling now		
	<input type="checkbox"/> Enrolling this year <input type="checkbox"/> Enrolled last year <input type="checkbox"/> Not enrolling now		
	<input type="checkbox"/> Enrolling this year <input type="checkbox"/> Enrolled last year <input type="checkbox"/> Not enrolling now		

**Primary Adult Working with Student**

IAVSP will assign a teacher for your student. In addition, the school program requires that you specify an adult to have the primary responsibility for working with your student on a daily basis. This primary adult may be a parent, legal guardian, or someone else of your choosing. If other than a parent or legal guardian, you will be asked to provide additional information after you enroll. Please designate this primary adult and list this person's relationship to the student.

Primary Adult's Name: \_\_\_\_\_  
last first middle

Relationship to Student: \_\_\_\_\_

Home Phone: (       ) \_\_\_\_\_

E-mail Address: \_\_\_\_\_

What language(s) does the primary adult speak? \_\_\_\_\_

What language(s) does the primary adult read? \_\_\_\_\_

What language(s) does the primary adult write? \_\_\_\_\_

<b>Student's Name:</b> _____	<b>Student's Home Phone:</b> _____	<b>3</b>
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**Parent/Guardian Information**

**Mother's Name:** \_\_\_\_\_  
last first middle

**Mother's Mailing Address:**  Same as student's

Street: \_\_\_\_\_ Apartment: \_\_\_\_\_

City: \_\_\_\_\_ County: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

**Mother's Maiden Name:** \_\_\_\_\_

**Work on Federal Property?**  Yes  No      **Migrant Worker?**  Yes  No

**Name of Employer:** \_\_\_\_\_

**Occupation:** \_\_\_\_\_

**Home Phone:** (    ) \_\_\_\_\_      **Work Phone:** (    ) \_\_\_\_\_      **Cell Phone:** (    ) \_\_\_\_\_

**Father's Name:** \_\_\_\_\_  
last first middle

**Father's Mailing Address:**  Same as student's

Street: \_\_\_\_\_ Apartment: \_\_\_\_\_

City: \_\_\_\_\_ County: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

**Work on Federal Property?**  Yes  No      **Migrant Worker?**  Yes  No

**Name of Employer:** \_\_\_\_\_

**Occupation:** \_\_\_\_\_

**Home Phone:** (    ) \_\_\_\_\_      **Work Phone:** (    ) \_\_\_\_\_      **Cell Phone:** (    ) \_\_\_\_\_

**Stepparent/Legal Guardian's Name:** (if applicable) \_\_\_\_\_  
last first middle

**Stepparent/Legal Guardian's Address:**  Same as student's

Street: \_\_\_\_\_ Apartment: \_\_\_\_\_

City: \_\_\_\_\_ County: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

**Work on Federal Property?**  Yes  No      **Migrant Worker?**  Yes  No

**Name of Employer:** \_\_\_\_\_

**Occupation:** \_\_\_\_\_

**Home Phone:** (    ) \_\_\_\_\_      **Work Phone:** (    ) \_\_\_\_\_      **Cell Phone:** (    ) \_\_\_\_\_

<b>Student's Name:</b> _____	<b>Student's Home Phone:</b> _____	<b>4</b>
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**Emergency Contacts**

*If a parent cannot be reached, we will attempt to contact one of the following people in the order listed below. Please list at least one emergency contact.*

**FIRST person to contact if a parent cannot be reached:**

Contact's Name: \_\_\_\_\_  
last first middle

Relationship to Student: \_\_\_\_\_

Home Phone: (     )                      Work Phone: (     )                      Cell Phone: (     )

**SECOND person to contact if a parent cannot be reached:**

Contact's Name: \_\_\_\_\_  
last first middle

Relationship to Student: \_\_\_\_\_

Home Phone: (     )                      Work Phone: (     )                      Cell Phone: (     )



## Additional Required Documentation

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Please include the following documents with your completed Enrollment Package. **ALL of these documents are required to complete the enrollment process.**

**Student Immunization Record or Certificate**

Include a COPY of the student's immunization record or certificate. The immunization record form can be obtained from your physician's office. If you are requesting an exemption from immunizations, please check the appropriate box, sign, and return this page.

**Medical Exemption**

The physical condition of my student is such that immunization is a danger to life or health.

**Religious Exemption**

For strong religious, ethical, or moral reasons, my student has not received complete immunizations.

**Parent/Guardian's Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Student's Birth Certificate**

Include a COPY of the student's birth certificate with these forms. Do not send the original.

**Proof of Residence**

Include a COPY of one of the following: a utility bill, a voter registration card, a lease, local or state tax documents, or another official document addressed to the parent/legal guardian living at the student's address.



## Placement Request Form

### Placement Information

Iowa Virtual School Program (IAVSP) has chosen to use the K12® curriculum. The K12® curriculum offers a very challenging program of studies. In order for your student to make the greatest possible progress, it is important to begin working with K12® curriculum at the appropriate level. **Your student will be placed in courses at an age-appropriate grade level unless you request otherwise.**

To help you decide if you should request a different placement, K12 recommends that you review the Scope and Sequence of the Language Arts and Math courses below, at, and above your student's age-appropriate grade level. This information can be found at [www.K12.com](http://www.K12.com).

In addition, K12 has developed placement tests in Math and Language Arts, also available at [www.K12.com](http://www.K12.com). IAVSP recommends these placement tests to all enrolling parents. If you do not have access to a computer, contact IAVSP for assistance.

Please follow the placement test directions on the website, and report all scores below.

Placement Test	Test Grade Level or Number	Score	Test Grade Level or Number	Score	Test Grade Level or Number	Score
Reading						
Language Skills						
Math						

List the subject(s) and grade level(s) of placement(s) different from the age-appropriate grade level. Please share your reasons and provide any additional supporting documentation for this request. Someone from the school administration may call you to further discuss your student's placement. If you request a change from the student's age-appropriate grade level, you must have completed placement exams and reviewed the course curriculum.

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### For Families with Multiple Students

IAVSP generally recommends that each student receive age-appropriate curriculum. However, families with more than one student may sometimes want to share curriculum. IAVSP offers the following guidelines for parents considering this.

**History and Science** – Students may share curriculum as long as they are within one year of their age-appropriate grade level. This means that students in second grade and fourth grade could potentially share third grade curriculum in History and/or Science.

**Art and Music** – Students may share curriculum as long as they are within two years of their age-appropriate grade level. This means that students in second grade and fourth grade could potentially share second, third, or fourth grade curriculum in Art and/or Music.

Please list any requests you have for sharing curriculum. Be sure to list this information on each student's enrollment form.

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Student's Name:

Student's Home Phone:



## Release of Student Records

Iowa Virtual School Program has enrolled the following student for the 2003–2004 academic year. Please accept this document as formal approval for the release of all official school records (including the record of transcripts, testing information, special education, health and immunization records).

### Student Information

**Student's Full Name:** \_\_\_\_\_  
first middle last

**Student's Date of Birth:** \_\_\_\_\_ **Student's Social Security Number:** \_\_\_\_\_

**Student's Legal Address:**

Street: \_\_\_\_\_ Apartment: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

**Home Phone:** ( \_\_\_\_\_ ) \_\_\_\_\_

### Prior School Information

**Name of Prior School:** \_\_\_\_\_

**School's Address:**

Street: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

**School's Phone:** ( \_\_\_\_\_ ) \_\_\_\_\_

**Name of Parent or Legal Guardian:** \_\_\_\_\_  
first last

**Parent/Guardian's Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

#### SCHOOL OFFICIALS ONLY:

Send student records to: Iowa Virtual School Program  
Enrollment Processing Center  
8000 Westpark Drive, Suite 500  
McLean, VA 22102

**Student's Name:** \_\_\_\_\_

**Student's Home Phone:** \_\_\_\_\_



## Agreement for Use of Instructional Property

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Responsible Party is the parent or legal guardian of the Student, who is enrolling at Iowa Virtual School Program (IAVSP) beginning with the 2003–2004 academic year.

IAVSP has made arrangements to permit the family of the Student to use certain computer equipment, software, and related instructional books and materials (“Instructional Property”) to facilitate the Student’s education while enrolled in IAVSP, provided that Responsible Party is willing to accept responsibility for the Instructional Property as set forth below.

### Responsible Party hereby agrees to the following:

- 1. Use of Instructional Property.** IAVSP shall permit the Student and the Responsible Party to use the Instructional Property listed on the attached Appendix 1 – Property Schedule. IAVSP reserves the right to add, change, substitute, and/or delete individual items on the Property Schedule from time to time.
- 2. Term.** Responsible Party’s and Student’s rights to use and possess the Instructional Property expire upon the Student’s termination of enrollment. Notwithstanding the foregoing, IAVSP and K12 Inc. reserve the right to terminate any right to use and possession immediately if either has reason to believe that Responsible Party is violating any term or condition of this Agreement. Responsible Party shall return all of the Instructional Property as instructed within five (5) days of the termination date in the same condition as delivered, normal wear and tear excepted.
- 3. Ownership.** At no time shall legal title to or ownership of any of the Instructional Property vest in the Responsible Party or Student, who shall only have the rights to temporary use and possession as provided herein.
- 4. Condition of Instructional Property.** Responsible Party agrees to fill out, sign, and return the Property Receipt Acknowledgment Form (sent under separate cover) to IAVSP to acknowledge receipt of the Instructional Property and to affirm that it is all in satisfactory operating condition upon receipt.
- 5. Responsibility for Instructional Property.** Responsible Party must maintain the Property at the Responsible Party’s residence set forth as the shipping address in the enrollment form unless Responsible Party provides thirty (30) days’ written notice and the new address to IAVSP. Responsible Party shall be solely liable for any loss or damage to the Instructional Property until it is returned and shall take all reasonable precautions to protect it. Responsible Party agrees to inform IAVSP of any loss or damage to the Instructional Property from any cause whatsoever within three (3) days of the loss or occurrence of damage. IAVSP will provide the Responsible Party with a loss report form that will include provisions for the Responsible Party to pay for the lost or damaged Instructional Property and, upon receipt, will allow IAVSP to ship or have shipped replacement Instructional Property.
- 6. Maintenance and Repair.** Responsible Party is responsible for maintenance and repair of the Instructional Property while in his or her possession and will follow all instructions for Instructional Property requiring repairs as directed by K12 Technical Support and the Warranty Agreement with the Original Equipment Manufacturer. Responsible Party is solely responsible for upgrading to new software versions when publicly available, obtaining and installing anti-virus file updates, and overall maintenance of each software application provided.
- 7. Use of the Property.** Responsible Party agrees that: (i) Instructional Property may be used solely for the education of the Student while enrolled at IAVSP and not for the benefit of any other person or for any other purpose, (ii) all Instructional Property shall be used in accordance with IAVSP policies and rules and K12’s and the manufacturer’s instructions, (iii) each software application provided shall be subject to, and used in accordance with, the license and/or use agreement that accompanies that software application, (iv) all usage of the Instructional Property shall be subject to IAVSP policies and rules regarding Network/Internet use and protocol, (v) Responsible Party is solely responsible for ensuring that the software settings, default configurations, and administrative privileges are maintained at the original specified settings that the Instructional Property had upon delivery and will be liable for any resulting damage to the Instructional Property, any files, and/or other software applications if these default settings are changed or modified without explicit authorization from K12 Technical Support, and (vi) Responsible Party is solely responsible for keeping User-IDs and passwords confidential to prevent unauthorized usage and understands that passwords should be changed on a monthly basis.

Student’s Name:

Student’s Home Phone:

8. **General Indemnity.** Responsible Party agrees to indemnify, defend, and hold harmless IAVSP, K12 Inc., and any sponsoring School District or Authority, their respective employees, officers, directors, agents, assignees, and all affiliated companies and/or entities ("Indemnified Parties") from and against any and all claims, actions, suits, proceedings, costs, expenses (including, without limitation, court costs and attorney fees), damages, obligations, judgments, orders, penalties, fines, injuries, liabilities, and losses arising directly or indirectly out of or in connection with any matter covered by this Agreement, other than those caused by IAVSP or K12 Inc.

9. **DISCLAIMER OF WARRANTIES.** NO INDEMNIFIED PARTY MAKES ANY WARRANTY OR REPRESENTATION, EITHER EXPRESS OR IMPLIED, AS TO THE VALUE, DESIGN, CONDITION, MERCHANTABILITY, OR FITNESS FOR A PARTICULAR PURPOSE, OR FITNESS FOR USE OF ANY OF THE INSTRUCTIONAL PROPERTY. IN NO EVENT SHALL ANY INDEMNIFIED PARTY BE LIABLE FOR ANY ACTUAL, INCIDENTAL, DIRECT, INDIRECT, SPECIAL, OR CONSEQUENTIAL DAMAGES IN CONNECTION WITH OR ARISING OUT OF THIS AGREEMENT, OR THE EXISTENCE, FURNISHING, FUNCTIONING, USAGE, OR MAINTENANCE OF ANY INSTRUCTIONAL PROPERTY PROVIDED UNDER THIS AGREEMENT.

10. **Insurance.** Responsible Party agrees to maintain at his or her expense adequate insurance to cover damage to the Instructional Property by fire, theft, flood, explosion, accident, act of God, or other cause to the full replacement value of the Instructional Property and agrees that he or she will be financially liable for it regardless of the availability of insurance proceeds.

11. **Miscellaneous.** Responsible Party represents that he or she has the power to bind all of Student's parents or legal guardians, all of whom shall be bound by these terms. Responsible Party cannot amend this Agreement unless accepted in writing by a representative of IAVSP. This Agreement shall constitute the entire agreement between the parties with regard to the Instructional Property and any prior understanding or representation of any kind shall not be binding on either party, except to the extent incorporated herein. The waiver of any right under this Agreement by either party shall not be construed as a waiver of the same right at a future time or a waiver of any other right under this Agreement. This Agreement shall be construed and enforced in accordance with the laws of the state of Iowa.

Responsible Party's Name: \_\_\_\_\_  
last first middle

Responsible Party's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Appendix 1 – Instructional Property Schedule**

**Hardware**

IAVSP shall provide or cause to be provided the following computer and peripheral equipment:

- Desktop computer
- Monitor
- Printer

**Software**

IAVSP shall provide or cause to be provided the following software applications (the "Software"):

- Microsoft Office Standard Version
- Anti-virus software
- Filtering software
- The school may also provide other software.



## Consent to Education Records Disclosure

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The Family Educational Rights and Privacy Act (FERPA) gives parents and students over 18 years of age (“eligible students”) certain rights regarding the student’s education records. One of those rights is the right to consent to disclosures of personally identifiable information contained in the student’s education records.

Iowa Virtual School Program (IAVSP) and its designated curriculum provider, K12 Inc., have found that to best serve the student’s education needs, it is necessary to disclose a student’s name and address to the following class of vendors that provide important services related to your student’s education. In all cases, these vendors will have agreed to ensure the confidentiality of the student’s name and address and to not use the information for purposes other than that contracted for the student’s education needs.

- Suppliers of computers and educational materials for purposes of shipping to and from the student’s home
- Customer care providers that handle overflow calls for K12 Inc.
- Internet service provider
- Companies that enter the student information into a computer database for use by school officials
- Other contractors and subcontractors that IAVSP and/or K12 Inc. identify as necessary to providing education services

To best serve the student, IAVSP requests the following parental consent to disclose the student’s name and address to the specified class of contractors.

I hereby agree that my student’s name and address be provided to the above identified contractors to ensure that the IAVSP can best meet my student’s education needs.

**Parent/Guardian’s Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_



## Enrollment Acceptance

### Statement of Education Equality

The Iowa Virtual School Program (IAVSP) is committed to a policy of education equality. Accordingly, the program admits students and conducts all educational programs, activities, and employment practices without regard to race, color, religion, gender, sexual preference, national origin, marital status, ancestry, disability, or any other legally protected classification. Any person having inquiries concerning the school's compliance with regulations implementing Title VII of the Civil Rights Act of 1964, Title IX of the Educational Amendment of 1972, Section 504 of the Rehabilitation Act, the Americans with Disabilities Act, or the Individuals with Disabilities Education Act is directed to contact:

Iowa Virtual School Program  
8000 Westpark Drive  
Suite 500  
McLean, VA 22102  
ph. 866.512.2273  
fx. 703.748.1273

### Acknowledgment of Expectations

*Please initial each of the following statements.*

- \_\_\_\_\_ I understand that I am enrolling my student in a public school with attendance requirements that I am expected to meet.
- \_\_\_\_\_ I understand that public school enrollment includes participation in the required state testing program.
- \_\_\_\_\_ I accept the responsibility to supervise my student in using the K12<sup>®</sup> curriculum, and I understand that I am expected to become knowledgeable about it.
- \_\_\_\_\_ I expect to have the guidance and support of a professional teacher in implementing the K12<sup>®</sup> program with my student.
- \_\_\_\_\_ I understand that student progress is an expected part of the IAVSP in addition to the attendance hours logged. Teachers will review progress and consider other factors, including parental input, when making student advancement decisions.
- \_\_\_\_\_ I understand that I am required to participate in regular telephone conferences with my student's teacher(s) and that I may be asked to submit work samples periodically.

Please accept this signed and completed document to enroll \_\_\_\_\_ (student's name) in the Iowa Virtual School Program for the 2003–2004 academic year. I understand that completion of this enrollment form does not guarantee admission into the program.

**Parent/Guardian's Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

<b>Student's Name:</b> _____	<b>Student's Home Phone:</b> _____	<b>12</b>
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