



SLPS Virtual School

KVE Enrollment Information:

Tel: 866.879.0929

Email: slpsvirtualschoolinfo@kaplan.edu

SLPS Enrollment Information:

Tel: 314.345.2551

Email: jreese@slps.org

2008–2009 Enrollment Checklist

Instructions

1. Fill out the online application.
2. Complete all of the items in the checklist below for each student applying to the program.
 - Fax the forms to 314.345.2663 **OR**
 - Email the forms to keshha.chatman@slps.org or jreese@slps.org
3. Present items under “Additional Required Information” *in person* to SLPS Virtual School at 801 North 11th Street, 3rd Floor – Technology Services

Note: Students are not officially enrolled until all completed forms have been submitted and all additional required documentation for the student has been reviewed by the school Guidance Counselor.

Checklist

- Completed online application (www.slpsvirtualschool.com)
- Additional Application Information Form, including signed approval from your guidance counselor (page 2)
- Guidance Counselor Approval form (page 3)
- Enrollment Acceptance Form completed and signed (page 4)
- Agreement for Use of Instructional Property form completed and signed (pages 5 and 6)
- Signed Family Educational Rights and Privacy Act (FERPA) Consent Form (page 7)
- Release of Student Records (required to transfer the student’s previous school records) (page 8)
- Media Release Form (page 9)

Additional Required Information:

- Proof of age for each student applying to our program (document must be a Birth Certificate, Passport, Baptismal Certificate, Court Documents, or Medical Records)
- Verification of residence in the City of St. Louis is required to enroll in SLPS Virtual School. Acceptable verification must be in the parent/legal guardian’s name. Driver’s license or State ID with current address required, PLUS one of the following: current unpaid utility bill, valid, homeowners or property deed, residential lease, welfare documents from the Missouri Division of Children Services (D.C.S.), Social Security documents, or notarized rent verification statement.
- Student Immunization Records
- Most recent Report Card or Transcript
- Discipline Behavior Report from last school attended

Parent/Guardian’s Signature:
Please Print Name:
Date:
Relationship to Student:



SLPS Virtual School

KVE Enrollment Information:

Tel: 866.879.0929

Email: slpsvirtualschoolinfo@kaplan.edu

SLPS Enrollment Information:

Tel: 314.345.2551

Email: jreese@slps.org

Additional Application Information Form

Primary Adult Working with Student

SLPS Virtual School requires that an adult be designated to have the primary responsibility for working with the full-time virtual student on a daily basis. If you are applying to be a part-time student, you may elect to skip this section.

Primary Adult's Name: _____ Relationship to student: _____

Primary Adult's Legal

Address: _____

Street Address

Apartment/Unit #

City

State

Zip Code

Home Phone: () _____ Alternate Phone: () _____

Email: _____

Sibling Information

Please list the names of each student enrolling in SLPS Virtual School for the current school year:

Home Language Survey

Has the student participated in ESL (English as a Second Language?) Yes No

Is English the primary language spoken in the home? Yes No

If no, what is the primary language? _____

Does the student speak a language other than English? Yes No If yes, what language? _____

Email Address Resources

Both parents and students should have email. If you do not already have an email address, you can create a free email account by going to any of the following websites:

- <http://get.live.com/mail/options>
- <https://login.yahoo.com/config/mail?.intl=us>
- www.gmail.com

Please note that SLPS Virtual School has no relationship with the websites listed on this page and is not responsible for the availability or content of marketing or other materials on the above third party websites. The providers of the websites may discontinue their free programs at any time at their discretion.

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 two emergency contacts.

Name: _____ Relationship to Student: _____

Home Phone: _____ Work Phone: _____ Cell Phone: _____

Phone: _____ Phone: _____ Phone: _____

Name: _____ Relationship to Student: _____

Home Phone: _____ Work Phone: _____ Cell Phone: _____

Phone: _____ Phone: _____ Phone: _____

Student's Name: _____

Student's Home Phone: _____



SLPS Virtual School

KVE Enrollment Information:

Tel: 866.879.0929

Email: slpsvirtualschoolinfo@kaplan.edu

SLPS Enrollment Information:

Tel: 314.345.2551

Email: jreese@slps.org

Guidance Counselor Approval

This page is intended for use by the student's Guidance Counselor ONLY.

Student Name: _____

Student will be enrolled in the following courses:	Start in Fall or Spring	1 st semester	2 nd semester

(Please print)

Grade level the student was enrolled in for the 2007–2008 school year : _____

Guidance Counselor Signature: _____ Date: _____

Guidance Counselor Phone: _____

Name of School: _____

Student's Name:
Student's Home Phone:



SLPS Virtual School

KVE Enrollment Information:

Tel: 866.879.0929

Email: slpsvirtualschoolinfo@kaplan.edu

SLPS Enrollment Information:

Tel: 314.345.2551

Email: jreese@slps.org

Enrollment Acceptance Form

Statement of Education Equality

The Board of Education of the City of Saint Louis does not discriminate on the basis of race, color, national origin, sex, sexual orientation, age or disability in admission or access to, or treatment or employment in, its programs and activities. For more information, please contact the executive director of human resources by mail at 801 North 11th Street, St. Louis, MO 63101, or by telephone at 314.345.2207.

Acknowledgement of Expectations

Please initial each of the following statements.

_____ I understand that I am enrolling my child in a public school with attendance requirements that he/she is expected to meet.

_____ I understand that public school enrollment includes participation in the required state testing program.

_____ I understand that my student will be expected to attend school at the SLPS Virtual School learning center a minimum of three days per week if my student is full time or a minimum of one day per week if my student is part time.

_____ I expect my child to have the guidance and support of a professional Instructor in implementing the SLPS Virtual School program.

_____ I understand that it is my responsibility to coordinate with St. Louis Public Schools to arrange for my child's full-time student transportation to and from the learning center.

_____ I understand that student progress is an expected part of the SLPS Virtual School program in addition to the attendance hours logged. Instructors 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 conferences with my child's Instructor(s).

_____ I understand that if my student enrolls, both my student and I will abide by the Student Handbook.

I verify that all of the information contained in the application, including, without limitation, the Student Application, is complete and factually correct.

Please accept this signed and completed document to enroll _____ (student's name) in SLPS Virtual School.

Student Name:

Parent/Guardian Signature:

Date:

Relationship to Student:

Student's Name:

Student's Home Phone:



SLPS Virtual School

KVE Enrollment Information:

Tel: 866.879.0929

Email: slpsvirtualschoolinfo@kaplan.edu

SLPS Enrollment Information:

Tel: 314.345.2551

Email: jreese@slps.org

Agreement for Use of Instructional Property

Responsible Party is the parent or legal guardian of the Student, who is enrolling at SLPS Virtual School beginning with the current academic year.

SLPS Virtual School has made arrangements to permit each Student to use certain instructional books and materials ("Instructional Property") to facilitate the Student's education while enrolled in SLPS Virtual School.

Responsible Party hereby agrees to the following:

1. Use of Instructional Property. SLPS Virtual School may permit the Student and the Responsible Party to use certain Instructional Property provided SLPS Virtual School to Student from time to time. SLPS Virtual School reserves the right to, from time to time, add, change, substitute, and/or delete individual items of Instructional Property provided to Student.
2. Term. Responsible Adult's and Student's rights to use and possess the Instructional Property expire upon the Student's termination of enrollment. Notwithstanding the foregoing, SLPS Virtual School reserves the right to terminate any right to use and take possession immediately if it has reason to believe that any term or condition of this Agreement is being violated. 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 Instructional Property Receipt Acknowledgment Form (to be enclosed with Instructional Property) to SLPS Virtual School 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 Instructional 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 SLPS Virtual School. Responsible Party shall be solely liable for any loss or damage to the Instructional Property until it is received back by SLPS Virtual School and shall take all reasonable precautions to protect it. Responsible Party agrees to inform SLPS Virtual School of any loss or damage to the Instructional Property from any cause whatsoever within three (3) days of the loss or occurrence of damage. SLPS Virtual School 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 the replacement Instructional Property to be shipped.
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 SLPS Virtual School 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 antivirus file updates, and overall maintenance of each software application provided.
7. Use of Instructional Property. Responsible Party agrees that: (i) Instructional Property may be used solely for the education of the Student while enrolled at SLPS Virtual School and not for the benefit of any other person or for any other purpose, (ii) all Instructional Property shall be used in accordance with SLPS Virtual School policies and rules 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

Student's Name:

Student's Home Phone:



SLPS Virtual School

KVE Enrollment Information:

Tel: 866.879.0929

Email: slpsvirtualschoolinfo@kaplan.edu

SLPS Enrollment Information:

Tel: 314.345.2551

Email: jreese@slps.org

software application, (iv) all usage of the Instructional Property shall be subject to SLPS Virtual School 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 SLPS Virtual School 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 regular basis.

8. General Indemnity. Responsible Party agrees to indemnify, defend, and hold harmless SLPS Virtual School 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 SLPS Virtual School.

9. DISCLAIMER OF WARRANTIES. NO 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 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 an authorized representative of SLPS Virtual School. 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 Missouri. The parties agree to waive any and all rights to a trial by jury of any claim or dispute arising under this Agreement.

Student Name: _____

Parent/Guardian Signature: _____ Date: _____

Relationship to Student: _____

Student's Name:
Student's Home Phone:



SLPS Virtual School

KVE Enrollment Information:

Tel: 866.879.0929

Email: slpsvirtualschoolinfo@kaplan.edu

SLPS Enrollment Information:

Tel: 314.345.2551

Email: jreese@slps.org

Family Educational Rights and Privacy Act (FERPA) Consent Form

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.

St. Louis Public Schools (SLPS) and its designated curriculum provider, Kaplan Virtual Education (KVE), 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 classes 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 to meet the student's education needs.

- Suppliers of educational materials for purposes of shipping to and from the student's home
- Customer care providers that handle support calls for KVE
- Internet service provider
- Companies that enter the student information into a computer database for use by school officials
- Speakers or presenters presenting or participating in synchronous Web-conferencing sessions
- Computer professionals that host and maintain KVE's student account management systems
- Other contractors and subcontractors that SLPS and/or KVE. identify as necessary to providing education services

To best serve the student, SLPS 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, address, and other information as necessary, be provided to the above identified contractors to ensure that SLPS can best meet my student's education needs.

Student Name: _____

Parent/Guardian Signature: _____ Date: _____

Relationship to Student: _____

Student's Name:
Student's Home Phone:



SLPS Virtual School

KVE Enrollment Information:

Tel: 866.879.0929

Email: slpsvirtualschoolinfo@kaplan.edu

SLPS Enrollment Information:

Tel: 314.345.2551

Email: jreese@slps.org

Release of Student Records

Please accept this document as formal approval for the release of all official school records (including transcripts, testing information, and special education, health, and immunization records).

Student Information

Student's Full Name:

Last

First

M.I.

Student's DOB: _____

Student's Legal Address:

Street Address

Apartment/Unit #

City

State

Zip Code

Home Phone: () _____

Email: _____

Previous School Information

Name of Last School Attended: _____

School's Address:

Street Address

City

State

Zip Code

School's Phone: () _____

School's Fax: () _____

Name of Parent or Legal Guardian

First

Last

Parent/Guardian Signature: _____

Date: _____

Student's Name:

Student's Home Phone:



SLPS Virtual School

KVE Enrollment Information:

Tel: 866.879.0929

Email: slpsvirtualschoolinfo@kaplan.edu

SLPS Enrollment Information:

Tel: 314.345.2551

Email: jreese@slps.org

Diana M. Bourisaw Ph.D

Superintendent of Schools

Charlene L. Jones, PhD.

Assistant Superintendent for Institutional Relations

ST. LOUIS PUBLIC SCHOOLS

MEDIA RELEASE FORM

I give permission for my son/daughter to be interviewed and/or
Photographed/filmed for news coverage by television, radio, newspaper
and non-profit organizations, including publications of the
St. Louis Public Schools.

Son/Daughter's Name _____

School _____

Parent or Guardian's Signature _____

Date _____

801N. 11th St.
St. Louis, Missouri 63101
Phone (314) 345-5746
Fax (314) 345-2654

Student's Name:
Student's Home Phone: