



SLPS Virtual School

KVE Enrollment Information:

Phone: 866.879.0929

Email: slpsvirtualschoolinfo@kaplan.edu

SLPS Enrollment Information:

Tel: 314.345.2551

Email: jreese@slps.org

Student Application

Please fill out the following form and fax completed form to our Admissions Department at 800.878.9518.

Student Information

Student's
Legal Name

_____ *Last* _____ *First* _____ *M.I.*

Preferred
Name:

_____ Gender: Male Female

DOB:

Address:

_____ *Street Address* _____ *Apartment/Unit #*

_____ *City* _____ *State* _____ *Zip Code*

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

Email:

Ethnicity* (optional): Black/African American White/Caucasian Hispanic /Latino Asian/Pacific Islander
 Native American/Alaskan Biracial/Black Biracial/Non-Black

Grade entering in Fall 2008: 8 9 10 11 12

Previous School Information

Type of Previous School: Public Private Home school Charter Parochial
 Combination public school/home school Not in school/other

Name of Last School Attended: _____ Phone: _____

City of Last School _____ State: _____

Current School District of Residence: _____ Student ID #: _____

Parent/Guardian Information

Parent/Guardian 1: _____
Last _____ *First* _____ *M.I.*

Relationship to Student: _____ Legal Guardian? Yes No

Parent/Guardian 1

Mailing Address: _____
Street Address _____ *Apartment/Unit #*

_____ *City* _____ *State* _____ *Zip Code*

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

Email:

Best time to contact (CST) Morning (8:00 am–12:00 pm ET) Afternoon (noon – 5:00 pm EST)
 Evening (5:00 pm – 8:00 pm EST) Late Evening (8:00 pm – 11:00 pm EST)



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Parent/Guardian 2: _____
Last First M.I.

Relationship to Student: _____ Legal Guardian? Yes No

Parent/Guardian 2

Mailing Address: _____
Street Address Apartment/Unit #

_____ *City State Zip Code*

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

Email: _____

Morning (8:00 am–12:00 pm ET) Afternoon (noon – 5:00 pm EST)

Best time to contact Evening (5:00 pm – 8:00 pm EST) Late Evening (8:00 pm – 11:00 pm EST)

How did you hear about us? (Please select one)

- | | |
|--|--|
| <input type="checkbox"/> Guidance counselor or other school employee | <input type="checkbox"/> Other online advertisement |
| <input type="checkbox"/> Referred by another parent | <input type="checkbox"/> Press release or news story |
| <input type="checkbox"/> Referred by another student | <input type="checkbox"/> Event or open house |
| <input type="checkbox"/> Direct mail | <input type="checkbox"/> Radio ad |
| <input type="checkbox"/> Email | <input type="checkbox"/> TV ad |
| <input type="checkbox"/> Google search | <input type="checkbox"/> Ad in newspaper or magazine |
| <input type="checkbox"/> Other search engine | <input type="checkbox"/> Kaplan employee |
| <input type="checkbox"/> Social networking website | <input type="checkbox"/> Other |

Academic Placement Information

The student will be enrolling as a full-time part-time student.

Does the student have access to a computer? Yes No

Does the student have Internet access? Yes No

What is the primary reason for interest in our school? (Please select one)

- Greater one-on-one support and attention
- Option to progress through coursework at my own pace
- Alternative or supplement to home schooling
- Flexibility to pursue athletic, artistic, or other interests
- Ability to accommodate a physical condition or illness
- Convenience and accessibility needed for frequent travel or moving
- Flexibility to work while in school
- Dissatisfaction with local school
- Better course selection and opportunity to take courses or subject matter not offered at local school
- Chance to make up missing or required credits
- Alternative to traditional schooling – my child has been previously unsuccessful in or is not attending school
- None of the above
- Other



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Check all that apply to student:

- | | | |
|--|--|---------------------------------------|
| <input type="checkbox"/> IEP | <input type="checkbox"/> Homebound | <input type="checkbox"/> LEP/ELL/ESL |
| <input type="checkbox"/> In Gifted Program | <input type="checkbox"/> Previously Expelled | <input type="checkbox"/> 504/508 Plan |
| <input type="checkbox"/> None of the above | | |

Comment Section

Provide any additional information you believe will help us meet the educational needs of your child.

Signing your name below and submitting the application indicates that:

- 1) All information contained in the application is complete and factually correct
- 2) That if the student enrolls, the student and parent/guardian will abide by the Student Handbook
- 3) Please be advised that the submission of this application does not guarantee acceptance into the school. There may only be a limited number of places available in the school.

Parent/Guardian Signature: _____ Date: _____