VIRTUAL LEARNING OPTION APPLICATION 2024-25

It has been scientifically proven that children learn better in-person in a structured education environment while being taught by qualified teachers that are experts in their fields. The Cleburne County School System believes that most students need to present at school for the best learning to occur. Therefore, the Virtual Learning Option is only available for students in grades 1-9 that have a true medically-diagnosed, life-endangering circumstance or other committee-approved justifiable case. Students in grades 10-12 may apply for the Virtual Learning Option if they have a true medically-diagnosed, life-endangering circumstance, extreme personal hardship or other committee-approved justifiable case. Students who have recently FAILED classes WILL NOT QUALIFY for the Virtual Learning Option.

Students that choose this Virtual Learning Option through the Cleburne County School System ARE NOT eligible for Valedictorian or Salutatorian when they graduate. Students in grades 1-5 will be using the platform called Schoology. Students in grades 6-12 will be taking standard level classes through Edgenuity. Advanced/Honors classes for grades 9 and 10 are not guaranteed. Advanced/Honors class opportunities for grades 11 and 12 may be available. Virtual Learning Option students may be eligible for Honor Graduate if they satisfy all requirements.

PROCESS FOR VIRTUAL LEARNING OPTION

Students that are interested in the Virtual Learning Option may <u>ONLY</u> apply at the Cleburne County Board Office by contacting the Cleburne County Board of Education office (256) 463-5624. Students may not apply for the Virtual Learning Option at any school campus.

The steps for applying for the Virtual Learning Option are:

- 1. Guardians must turn in this completed application and ALL necessary medical documentation to the Cleburne County Board Office at 141 Davenport Drive, Heflin, AL 36264.
- 2. All documentation will be validated.
- 3. After validation of documents, the Virtual Learning Committee will meet to discuss the case and decide if circumstances warrant the extreme need for virtual learning.
- 4. Parents/Guardians will be notified of the Virtual Learning Committee's decision.

Please complete the following information pages.

Today's date	
Student's Name	Grade
Student's School email address	
Student's phone number	Age
The Cleburne County school that this s	student should attend
(Please be prepared to show proof of	Guardianship if necessary)
Parent's Phone number	Parent's email address
Does the student receive any special e	
If yes, who is the special education tea	acher that serves this student?
Did the student attend <u>traditional</u> sch	ool or <u>virtual</u> school last year?
	uesting extreme-case school placement for the student listed octor may be submitted by attaching it to this form.

Please list the following information for the doctor that has suggested this extreme-case p doctor's letter may be submitted with this application as evidence.	
Doctor's Name	
Doctor's Office Phone number	
Doctor's Office Address	

CLEBURNE COUNTY BOARD OF EDUCATION

FERPA/HIPAA AUTHORIZATION FOR RELEASE OF INFORMATION

Student's Name	Date of Birth	
I hereby authorize	to release my/my child	d's
Doctor's name		
information/records to :	Cleburne County Board of Education 141 Davenport Drive Heflin, AL 36264 Phone: 256-463-5624 Fax: 256-463-5709	
☐ Medical and/or related record		
Psychological evaluations or s	ocial work reports	
☐ Appropriate agency reports		
 Extracurricular activity partici 	pation	
Other		
	AUTHORIZATION	
I understand that I may revoke this au withdrawal of my consent, and the w authorized to release information. I a	ndar year. It will expire on (insert date) thorization at any time by submitting written notice of the litten revocation must be given to the agency/organization I so understand that if I refuse to sign, such refusal will not ain health care and educational services.	
Parent/Guardian Signature	Date	
Student Signature* If student is 18 years	old or older. Date	-

Copies: Parent or student*, Physician or other health care provider releasing the protected information, and school official requesting the protected health/education information