

VIRTUAL LEARNING OPTION APPLICATION 2021-22

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 FAILED while participating in the Virtual Learning Option for the 2020-21 school year WILL NOT be considered for the Virtual Learning Option for 2021-22 school year.

Students in grades 1 – 6 will be using the platform called Schoology. Students in grades 7 – 12 will be taking standard level classes through Edgenuity. Advanced/Honors classes for grades 9 and up can be taken through ACCESS; however, students that choose this Virtual Learning Option through the Cleburne County School System ARE NOT eligible for Valedictorian or Salutatorian when they graduate. They may, however, 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 ONLY apply at the Cleburne County Board Office by contacting Tina Riddle at 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 Mrs. Riddle at 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 student should attend _____

Parent/Guardian's Name _____

(Please be prepared to show proof of Guardianship if necessary)

Parent's Phone number _____ Parent's email address _____

Does the student receive any special education services? _____

If yes, who is the special education teacher that serves this student? _____

Did the student attend traditional school or virtual school last year? _____

Please explain the reason you are requesting extreme-case school placement for the student listed above. Letters from the attending doctor may be submitted by attaching it to this form.

Please list the following information for the doctor that has suggested this extreme-case placement. A 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's
Doctor's name

information/records to : Tina Riddle
 Cleburne County Board of Education
 141 Davenport Drive
 Heflin, AL 36264
 Phone: 256-463-5624
 Fax: 256-463-5709

- Medical and/or related records
- Psychological evaluations or social work reports
- Appropriate agency reports
- Extracurricular activity participation
- Other _____

AUTHORIZATION

This authorization is valid for one calendar year. It will expire on _____ (insert date).
I understand that I may revoke this authorization at any time by submitting written notice of the withdrawal of my consent, and the written revocation must be given to the agency/organization I authorized to release information. I also understand that if I refuse to sign, such refusal will not interfere with my child's ability to obtain 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*