



## SVIA Application for USD 305 Students 6-8 Grade

**Directions for the SVIA Application:**

1. Student requests an application from his/her building school counselor.
2. \*Students & parents/guardians complete the form including signatures.
3. Return completed form to the student's school counselor (USD 305 students only)
4. Student's counselor adds student data and comments to the student's application.
5. Completed form is sent to SVIA Principal Tracy Hutton.

\*Please complete a separate application for each student in the family

**Student Name:** \_\_\_\_\_

**Birthdate:** \_\_\_\_\_

**Student Phone:** \_\_\_\_\_

**Grade:** \_\_\_\_\_

**Parent Name:** \_\_\_\_\_

**Parent Phone:** \_\_\_\_\_

**Parent Email:** \_\_\_\_\_

**Current USD 305 School Attending:**

- |   |  |                                       |
|---|--|---------------------------------------|
| <input type="checkbox"/> Coronado         | <input type="checkbox"/> Lakewood Middle | <input type="checkbox"/> South Middle |
| <input type="checkbox"/> Cottonwood       | <input type="checkbox"/> Meadowlark      | <input type="checkbox"/> Sunset       |
| <input type="checkbox"/> Grace E. Stewart | <input type="checkbox"/> Oakdale         | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> Heusner          | <input type="checkbox"/> Schilling       |                                       |

**Student's Current Educational Support Services:** (Mark all that apply)

- |   |  |  |
|---|--|--|
| <input type="checkbox"/> 504 Plan                 | <input type="checkbox"/> Central Kansas Mental Health Services | <input type="checkbox"/> JAG                     |
| <input type="checkbox"/> Big Brothers Big Sisters | <input type="checkbox"/> Communities In Schools (CIS)          | <input type="checkbox"/> Special Education (IEP) |
| <input type="checkbox"/> CAPS                     | <input type="checkbox"/> ESL Services                          | <input type="checkbox"/> SEL Groups              |

**What extracurricular activities does the student participate in at their current building?**\*

(Mark all that apply) \*Do not include community-based or paid activities

- |                                       |                                     |                                       |
|---------------------------------------|-------------------------------------|---------------------------------------|
| <input type="checkbox"/> Basketball   | <input type="checkbox"/> Football   | <input type="checkbox"/> Wrestling    |
| <input type="checkbox"/> Cheerleading | <input type="checkbox"/> Track      | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> Dance        | <input type="checkbox"/> Volleyball |                                       |



## **Student/Parent Questionnaire**

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1) What advantages are you hoping your move to Salina Virtual Innovation Academy will bring to your student?

2) What changes from the traditional school experience are you and your student wanting?

3) Describe your student's academic strengths. For example, is your student a self-motivated, and independent learner?

4) Describe any academic challenges which may make working virtually difficult for your student. For example, what were his/her struggles during remote learning?

5) What goals does your student hope to achieve by being successful as a Salina Virtual Innovation Academy student?



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## Middle/High School Contract of Expectations

Salina Virtual Innovation Academy (SVIA) exists to fill a need for an innovative, flexible, virtual model desired by its students and parents. To facilitate this, the following expectations regarding parental support, student engagement and behavior are provided to ensure that all students have the opportunity to achieve success. Please read the following carefully and sign your commitment to adhering to the provided expectations.

### Parent/Guardian Contract of Expectations

- Our home is within a 30 mile radius of Salina, KS.
- I will provide a learning coach for my student.
  - o The learning coach will be a parent or other adult designee responsible for managing at-home curriculum work.
  - o **The learning coach will complete the required learning coach training course prior to the start of each school year.**
- The learning coach for my child will be \_\_\_\_\_.  
My child's relationship to the learning coach is \_\_\_\_\_.
- I will provide transportation to and from on-site and other activities. These will be scheduled between the hours of 8:00 and 3:00.
- I understand that state testing is required to take place on-site.
- I will provide a reliable high-speed internet connection. (cell phones and hotspots are inadequate) **! understand that this will not be provided by the school district.**
- I will provide a quiet, dedicated workspace for my student, equipped with a table or desk, school supplies, and good lighting. (Remember, you may be heard by the rest of the class when your student's microphone is not muted so maintain school-appropriate language and background noise during live sessions).
- I will communicate regularly with my student's teachers and respond to emails and phone calls as soon as possible (within 24 hours during weekdays).
- I will ensure my student attends all scheduled in-person or virtual meetings. (Please notify teachers if a student will be absent.)
- I understand that students learn best when they engage in productive struggle. I will help my student learn but will not provide the answers or do the student's work.
- I will assist my student in establishing and keeping to a learning schedule that allows the student to progress toward completion of the required coursework.
- I understand the State Board of Education requires two count days which require students to work 360 minutes on the online platform each of the two days.
  - o These days will be scheduled and communicated by Salina Virtual Innovation Academy.
- I will ask questions and **report problems early** to prevent my student from getting behind.
- I will ensure my student maintains weekly progress with online and offline curriculum.
- Failure to remain "in good standing" may result in denial of future enrollment, academic probation and/or truancy.

I have read and agree to all of the above expectations.

\_\_\_\_\_  
Parent Signature

\_\_\_\_\_  
Date



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## Student Contract of Expectations

- To be a successful online student, I understand that I must have adequate computer and technical skills necessary to succeed.
- I understand I must have the ability to stay engaged in the virtual course by establishing a schedule that has sufficient time to do the course work each day, and I will make this schedule my priority.
- I will complete any orientation to online learning prior to beginning my online courses.
- I will be expected to engage in virtual courses either by participating in the course “live” (synchronous) or by viewing content and engaging with educators and peers at a later time (asynchronous).
- I will keep track of all course deadlines, pacing guides and other expectations.
- I will read and respond when necessary to all communication from Salina Virtual on a daily basis (24 hour rule).
- I will model ethical behavior by honoring USD 305’s academic honesty policy.
- I understand that the work I turn in will be my own work, and not done by or aided by others.
- I will inform my instructor in a timely manner if I am experiencing difficulties in my courses.
- I will inform my instructor of any scheduled or unscheduled absences and make up work as required.
- I will exhibit appropriate etiquette while communicating with my peers and online instructors.
- I will use school equipment in compliance with the USD 305 Acceptable Use Policy.
- If I fail to remain “in good standing” I understand that I may be placed on academic probation and/or truancy, or denied future enrollment in the online program.

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Student Signature

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Date



### Consent and Checklist

As parents/guardians of \_\_\_\_\_, I/we approve of this  
**Student's name**

application to change educational platforms for the upcoming semester/year.

\_\_\_\_\_  
Printed name of parent/guardian

\_\_\_\_\_  
Signature of parent/guardian

\_\_\_\_\_  
Printed name of parent/guardian

\_\_\_\_\_  
Signature of parent/guardian

**Counselor/Social workers please provide the following information:**

<b># Absences YTD:</b>	<b>Additional Information:</b>
<b>Active Truancy Case?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No	
<b>Please Attach:</b> <input type="checkbox"/> Current Grades <input type="checkbox"/> Attendance	

FOR SCHOOL USE ONLY

Approved for Enrollment:

- Yes
- No

Comments:

**Transfer Checklist:**

- Completed Student Application turned in to SVIA
- Mandatory enrollment and information meeting with a representative of SVIA
- IEP Review / IEP meeting scheduled (SPED students only)