



811 E Iron Ave
Salina, KS 67401
Phone: 785-309-4369
Fax: 785-309-4311
305virtual.com

SVIA Enrollment Application K-5 Grade

Directions for the SVIA Application:

1. Parent requests an application from the building school counselor or download from our website.
2. 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"/> Heusner | <input type="checkbox"/> Schilling |
| <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: _____ |

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 |



Parent Questionnaire

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

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

- 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.



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Salina Virtual Innovation Academy Elementary 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.

Parental/ Guardian Expectations:

- Our home is within a 30 mile radius of Salina, KS.
- I will provide a learning coach for my student.
 - The learning coach will be a parent or other adult designee responsible for assisting with at-home curriculum work. Elementary learning coaches must be available for direct learning support.
 - **The learning coach will complete the required learning coach training prior to the start of school.**
- The learning coach for my child will be _____. My child's relationship to the learning coach is _____. Contact information: _____
- I will provide transportation to and from on-site and other activities. These will be scheduled between the hours of 8:00a.m. and 3:00 p.m.
- 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)
I 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. (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. (Notify teachers if 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 including 360 minutes EACH day from the online platform.
 - 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 on work.
- I will ensure my student maintains weekly progress with online and offline curriculum.
- Failure to maintain "in good standing" will result in being placed on academic probation which will result in varying consequences.

Student Expectations

- I will work hard and not give up.
- I will stay curious and learn as much as I can.

Student Signature

Parent Signature

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:

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