



Birmingham Virtual Academy Enrollment Consent Agreement

Before completing this form, student shall meet with their counselor to determine if online learning is a suitable option under Section 21f of the State School Aid Act. All courses should be chosen with the counselor in order to meet requirements. Families shall complete this form at least **10 days prior** to each semester/trimester for which they are enrolling.

Student Information **School Year:** 2021-2022

Student Name (Last, First): _____ Date of Birth: _____
 Student (Google) Email: _____ Building/School: _____
 Home Address: _____ Grade: _____
 City: _____ State: _____ Zip: _____

- I agree to communicate with my mentor/teacher weekly/regularly and whenever I have a problem.
- All course work and submissions may be retrieved and/or monitored by the mentor/teacher at any time.
- All other rules as specified by the district an teacher/mentor must be followed.
- Local and state assessments (PSAT, SAT, M-STEP) must be completed as scheduled (if applicable).

Parent/Guardian Information

Name: _____ Email 1: _____
 Phone: _____ Email 2: _____

Instruction Information (to be completed by Counselor)

Does this student currently have: Please list any other services: _____
 IEP: Yes No LRC Teacher: _____
 504 Plan: Yes No LRC Teacher's Email: _____

Mentor/Teacher Information

Mentor/Teacher of Record: _____ Phone: _____
 Email: _____

Course(s) to be taken virtually (to be completed by Counselor)	Semester	Trimester
<input type="checkbox"/> Elementary BVA <i>*Check for "Yes," --OR-- complete below</i>	1 <input type="checkbox"/> 2 <input type="checkbox"/>	1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/>
1.	1 <input type="checkbox"/> 2 <input type="checkbox"/>	1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/>
2.	1 <input type="checkbox"/> 2 <input type="checkbox"/>	1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/>
3.	1 <input type="checkbox"/> 2 <input type="checkbox"/>	1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/>
4.	1 <input type="checkbox"/> 2 <input type="checkbox"/>	1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/>
5.	1 <input type="checkbox"/> 2 <input type="checkbox"/>	1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/>

I give consent for my student to take online/virtual courses through Birmingham Public Schools. My student and I have spoken with our counselor, reviewed this agreement together and understand our responsibilities. I/my child agree to abide by the guidelines as stated. I understand that participation in my child's education will help determine his/her likelihood of success in the program. Therefore, I will monitor and support my student in his/her studies. I agree to be accessible and readily available to the mentor or online teacher to discuss my child's progress and development. I understand time management and attendance is vital to my student's success. I understand acceptance into this program may be based on class size and my child must fulfill program expectations in order to remain enrolled. Failure to follow policies may result in dismissal from the program. *(Elementary Only: I understand this is an in-seat course and attendance will be taken each day).*

Parent/Guardian Signature **Student Signature** **Date**

Elementary: Submit form to Robin Vechazone, BVA Administrator, rvechazone@birmingham.k12.mi.us, (248) 203-5106
 Secondary: Submit forms to Counselor [and](#) David Brooks, BVA Principal, dbrooks@birmingham.k12.mi.us, (248) 203-4882