Virtual Education Application 2025-2026

Student Information

Full Name: _____   Date of Birth: _____   Grade Level SY 26: _____
First   Middle   Last

Student Email: _____ **@stu.k12.wv.us**   Student Password**:** _____

Student ID Number: _____   Phone Number: _____

Parent Email: _____   Parent Signature: _____

For School to Complete

*If the answer is yes to question numbers 1 through 3, the student is ineligible to participate in the virtual education program in accordance with Mercer County Policy I-15.

*Team or Committee recommendations are required per Mercer County Policy I-15.

	YES	NO
1) Was the student retained due to failure of virtual coursework?	☐	☐
2) Was the student returned to in-person instruction from virtual education due to lack of progress?	☐	☐
3) *High school only* Has the student fallen behind the 9th Grade cohort while participating in a virtual program?	☐	☐
4) If previously virtual, did the student complete all required state assessments?	☐	☐

5) What type of meeting was held and what was the date? (SAT, 504,IEP, EL)
*Please list team members at bottom

Type of Meeting: _____   Date: _____

The team has the authority to deny the application:

Approved ☐   Denied ☐

Courses to be Scheduled in Virtual Platform: _____

*Completed by Counselor or School Official _____

_____

School Official Signature: _____

ALV/alv