

The Villages® High School

REQUEST TO TAKE AN ONLINE COURSE Florida Virtual School (FLVS)

Student Name: _____ Date: _____

Class of: _____

I am requesting to take the following online course:

FLVS Course name: _____

Course Semester 1 due date: _____ or Dec. 22ND 2023

Course Semester 2 due date: _____ or May 24th 2024

Course Start Date: _____

Reason for request:

____ Credit Recovery (Failed a course)

____ Grade Forgiveness (F or D earned, will retake course to improve GPA)

____ Grade/GPA Acceleration (**admin/guidance approval**)

____ Course is not offered at VHS during the school day. *Extra course (8th class)*
Example: Drivers Education

____ Enrolled in a Temporary Instructional Placement/FLVS Lab during the school day

____ Take a course over the summer (*start day: after last day of school that is published on school calendar*)

____ Other: _____

NO Graduation Required Courses will be approved for Summer Enrollment

Please initial that you understand the following statements and sign below.

Return to your school counselor for approval.

____ I understand it is my responsibility to complete the course, by the due date indicated above. In addition, this course may be added to my school schedule if not completed by the due date (*counselor/admin decision, if needed*)

____ I understand, if I am withdrawn from a FLVS course, after 28 days, I will receive a 59 (F) on my transcript for that class (*Per the Sumter County's Student Progression*)

Student Signature: _____ Date: _____

Parent/Guardian Signature: _____ Date: _____

School Counselor Signature: _____ Date: _____

VHS Admin (*if needed*): _____ Date: _____