White Cloud Virtual Return to School Application

555 Wilcox Ave, PO Box 1000, White Cloud, MI, 49349
Phone (231) 689-1705 ext. 3306 Fax: (231) 689-3349

I, _____, would like to apply for a transfer from the White Cloud Virtual School and return to in-person coursework through White Cloud Public Schools. By completing this application, I commit to White Cloud Public Schools and all guidelines that apply to in-person courses provided by the district. If approved, I understand that I will be locked into a minimum of 1 semester of in-person courses. I understand my application is eligible for review and will be considered once the following information has been completed:

Reason for Request: Please explain why you are requesting this transfer. Use back of form if necessary.

Office Use Only

☐ **Edmentum Progress Attached**

_____ _____

Mrs. Andersen (Virtual Director) Date

☐ **Coursework Audit (Completed by School Counselor)**

☐ **Eligible**
☐ **Ineligible**

_____

Ms. Bedell (Jr/Sr High School Counselor)

☐ **Building Administration Recommendation (Completed by Principal)**

_____ _____

Mr. Wyers (Principal) Date

When all information is complete, this application will be eligible for review. Once a decision has been made, WCPS will contact the applicant to inform them of their academic status and next steps.