WHITE CLOUD VIRTUAL SCHOOL

Virtual Student Agreement

The White Cloud Virtual School is designed to help students receive a quality education outside of the traditional school day. The Virtual School offers a unique path to achieving academic success through the use of school-provided technology, an online curriculum, and one-on-one support. With this educational option comes **high expectations for academic responsibility,** including hard work, perseverance, integrity, and balanced time-management skills. To support this, WCVS provides a virtual lab where students have a safe, comfortable space to work and test.

To maximize the educational opportunities available, students are expected to:

1. Complete the equivalent of 1 class every three weeks (See Pacing Schedule)
2. Report to the virtual lab 4 hours per week (JH ONLY)
3. Provide all necessary and current contact information to the Virtual Director or Virtual Teacher. This information must be updated based on any occurrences or changes in information.
4. Communicate with the virtual teacher a minimum of 1 time each week (must meet two-way communication requirements - See Miss Webb for further details).
5. Take all post-tests in-person at the WCVS lab.
6. Be enrolled in 6 classes.
7. Be courteous, polite, and cooperative with staff members and other students.
8. Accept responsibility for their own behavior and decisions.
9. Ask for help when needed.

Students attending WCVS are expected to meet the minimum requirements listed above in order to remain in good academic standing within the program. Failure to meet these expectations may result in mandatory lab time, an increase in activities per week, possible release from the program, and/or truancy involvement.

Further questions regarding this agreement can be directed to Mrs. Andersen or Miss Webb.

By signing this agreement, I _____ commit to the expectations listed in this document. I understand that failure to do so may result in further action being taken against me, including, but not limited to: mandatory lab time, increased workload, and/or the release from the White Cloud Virtual School.

_____ _____

Student Signature Date

_____

Student Cell Phone Number

_____ _____

Parent/Guardian Signature Date

_____

Parent/Guardian Cell Phone Number

WCVS · 555 East Wilcox Avenue · P.O. Box 1003 · White Cloud, MI 49349
Voice: 231.689.3306 · Fax: 231.689.3210