

**Curriculum Services**

**Virtual Education – Application for Enrollment**

**STANBERRY R-II SCHOOL DISTRICT  
APPLICATION FOR ENROLLMENT IN THE MISSOURI ACCESS  
AND VIRTUAL SCHOOL PROGRAM**

A. Background

1. Name of Student Applicant: \_\_\_\_\_
2. Date of Application: \_\_\_\_\_
3. Date of Birth: \_\_\_\_\_
4. Applicant’s Resident Address: \_\_\_\_\_  
\_\_\_\_\_
5. Length of Time Residing at Listed Address: \_\_\_\_\_

B. School Attending

1. School Presently Attending: \_\_\_\_\_
2. Are You Attending as a Full-Time Student? \_\_\_\_\_
  - i. When did you begin full-time attendance? \_\_\_\_\_
3. School, including Charter, attend during the school semester prior to this application:

\_\_\_\_\_

School

\_\_\_\_\_

Address

4. If Applicant did not attend school in the semester prior to application, was the reasons for non-attendance?
  - i. Documented medical condition which prevented attendance: Yes or No
  - ii. If yes, please provide documentation of condition.<sup>1</sup>
  - iii. Psychological diagnosis or condition which permitted attendance. Yes or No
  - iv. If yes, please provide documentation of diagnosis.

C. Program Requested

1. Identify the course or courses requested in this Application:

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2. Identify the Virtual Course Provider

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I attest that the information provided in this application is true and accurate to the best of my knowledge.

\_\_\_\_\_  
Student

\_\_\_\_\_  
Parent / Guardian

STATE OF MISSOURI     )  
  ) ss  
COUNTY OF \_\_\_\_\_ )

In witness whereof, I have hereunto subscribed by name and affixed my official seal, this \_\_\_\_\_ day of \_\_\_\_\_, 202\_\_.

\_\_\_\_\_  
Notary

<sup>1</sup> Medical documentation submitted will be treated confidentially and will be kept in a sealed file apart from the Student's educational records.