

McLean County Virtual Academy Participation Form

By completing this form, you are requesting that your student(s) be enrolled in the McLean County Virtual Academy for the upcoming 2020-2021 school year.

Parent / Guardian Name: First: _____ Last: _____

Physical Address: _____

Mailing Address: _____

City: _____ State: _____ Zip Code: _____

Email Address: _____

Work Number (_____) _____ Cell Number: (_____) _____

Please list the student(s) you wish to enroll in McLean County Virtual Academy.

Child's Name (Last, First)	Child's Date of Birth	School Attending (2020-2021 School Year)	Grade

- My child has access to a computer at home.
- My child will need to check out a chrome book from the school.
- I have internet access at home

Parent/Guardian Signature: _____

Date: _____