



**LAKE HOWELL HIGH SCHOOL
VIRTUAL COURSE OPTION FORM
(AS PART OF 7 PERIODS)**

Date of Request: _____

Grade: _____

Print Student Name: _____ Student ID# _____

By signing this form I (we) acknowledge:

- *Only periods 1, 2, 5 and 6 are eligible for off campus virtual.*
- *That the student must sign up for the virtual course before they can drop the LHHS course. It is strongly recommend the course be through SCVS (register/sign up at www.flvs.net). SCVS teachers are employed by Seminole County and are accessible, if needed, by your school counselor.*
- *If a student is signed up for off-campus virtual they are not to be on campus and must find transportation to school and or home (depending on time of virtual course).*
- *Student is responsible for staying up to date in virtual course and staying on track.*
- *That a 'WF' (Withdraw/Failing) will be issued for the LHHS course being dropped if the add/drop period has passed (20 days from the start of the semester.)*
- *That it is the responsibility of the student to complete SCVS course.*
- *An LHHS teacher will not be assigned to the student for their virtual course, the virtual teacher will be the one responsible for direct instruction and grading.*
- *That if the student is dropped from the virtual class and must have a face-to-face class, there is no guarantee there will be space available in the same course or that credit will be awarded.*

*Course(s) to be dropped: _____ Course #(s) _____

Course(s) to be added SCVS: _____

*Please circle the periods requested for **on-campus** virtual: 1 2 3 4 5 6 7

*Please circle the periods requested for **off-campus** virtual: 1 2 n/a n/a 5 6 n/a

***Parent Signature (REQUIRED):** _____ Date: _____

***Student Signature (REQUIRED):** _____ Date: _____

Counselor Action (SCHOOL USE ONLY)

_____ Approved

_____ Not Approved Counselor Signature: _____ Date: _____