



Dallas Virtual Academy (DVA): K-5 Registration

2021-2022 School Year

Student Name _____ **DOB** _____ **Grade** _____

Currently assigned school: _____

Parent/Guardian Name #1 _____

_____ Address _____

_____ Email _____

_____ Phone numbers - home/work/cell _____

Parent/Guardian Name #2 _____

_____ Address _____

_____ Email _____

_____ Phone numbers - home/work/cell _____

1 semester commitment requirement

Reason for requesting DVA:

☐ Looking for a different educational setting

☐ COVID-19 concerns

☐ Medical reasons

☐ Other _____

Additional information on student:

Has your student:

- | | | |
|--------------------------------------|-----|----|
| · Ever on an IEP? | YES | NO |
| · Ever on a 504 plan? | YES | NO |
| · Ever in TAG? (Talented and Gifted) | YES | NO |
| · Ever in an EL program? | YES | NO |
| · Ever home-schooled before? | YES | NO |

Name of Parent/Guardian completing this registration _____

Signature _____ Date _____

Approved _____

Denied _____

Transcripts Requested Date _____

Records Requested Date _____

DVA Principal Signature: _____ Date: _____