



205 E. Market St.
Cloverdale, IN 46120
765-795-4203
School Year 2020-21 Application

* Indicates Required Information / Answer

*Student Name: _____ *Student ID: _____ *Grade: _____

*Gender: M F *Birthdate: _____ *IEP: Y N *504 Plan: Y N *NCAA: Y N

*Student Phone Number: _____ *Student Email Address: _____

*Diploma Type (circle one): Core 40 Academic Honors Technical Honors General

*Ethnicity:

- Hispanic/Latino
- Not Hispanic/Not Latino
- Other

*Race:

- Hispanic/Latino
- American Indian or Alaskan Native
- Black or African American
- Native Hawaiian or Other Pacific Islander
- Other
- White

*Student Social Security Number: _____ *21st Century Scholar: Y N

*Home Address:

Street _____

City, State _____

Zip Code _____

*Parent Phone Number: _____

*Parent Email Address: _____

1. Are you or have you been enrolled in Cloverdale Community Schools?
 - a. Yes
 - b. No

2. Where are you currently enrolled or last enrolled? * _____

3. Do you have a computer at home? *
 - a. Yes
 - b. No

4. Do you have daily access to the internet at home? *
 - a. Yes
 - b. No

5. Do you like to work independently? *
 - a. Yes
 - b. No

6. Do you like to read and write outside of the classroom? *
 - a. Yes
 - b. No

7. When given an assignment, do you do it right away and turn it in? *
 - a. Yes
 - b. No

8. Are you able to work with little supervision? *
 - a. Yes
 - b. No

9. Are you self-motivated? *
 - a. Yes
 - b. No

10. Are you able to use email, switch internet browsers, and use basic word processing? *
 - a. Yes
 - b. No

11. Select all of the following things that you are able to do? *
 - a. Read, write, and send email
 - b. Attach a document to an email

- c. Download a music file or picture
- d. Create a Power Point or Prezi
- e. Create a product in Publisher
- f. Enable mixed content
- g. Embed an active link into a document
- h. Embed a code within a document
- i. Create a Google Form/Document

12. Have you ever taken an online class? *

- a. Yes
- b. No

13. Why should you be selected to participate in the Cloverdale Virtual Success Academy?

*

By Signing below I understand and agree with the following statement:

To be a part of the Cloverdale Virtual Academy I understand I must participate in my virtual classes five days per week while school is in session. I understand that per Public Law 159 students who are habitually truant will be withdrawn from CVA. I understand screening of applicants will take place and I may be not accepted and/or may be removed from the program due to grades, reading comprehension skills, work ethic, input from school staff, computer skills, ability to follow directions, self-independence and onsite student interview.

Student Signature

As the parent/guardian of this student, I understand educating my child is required by law and not ensuring your child is engaged in his/her education is education neglect.

Parent Signature