

Student Application Form

Lapeer Virtual

Community High School

Please complete this form and return it to 250 2nd Street, Lapeer, MI 48446.

If not a current student, include an LCS Enrollment Form.

Currently enrolled in LCS? Yes No

Today's Date: _____ Previous District: _____ Grade Entering: _____

Student Name: _____ Birth date: _____ Age: _____

Home Address: _____ City: _____ Zip: _____

Student Cell Phone: _____ Student Email: _____

#1 Parent/Guardian: _____ #2 Parent/Guardian: _____

#1 Cell Phone: _____ #2 Cell Phone: _____

#1 Email: _____ #2 Email: _____

Identify the program you wish to enroll in:

- Lapeer Virtual (100%)
- Lapeer Virtual - Blended (Virtual + Traditional)
- Community High School - Preferred AM -or- PM

Answer the following questions to help us provide you with appropriate information, forms and services.

- | | | |
|------------------------------|-----------------------------|--------------------------------------------------------------------------------------------|
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | Are you interested in earning an LCS Diploma? |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | Are you interested in participating in extra-curricular activities?
If yes, which ones? |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | Do you have a computer that you can use for school work? |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | Do you have access to high-speed internet? |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | Do you have a current IEP? If Yes, please attach. |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | Do you have a 504 Plan? If Yes, please attach. |

Please attach a copy of your *current transcript* or other record of work completed.

Student Signature

Parent/Guardian Signature

Date

[Office Use Only] Approved by: _____ Date _____