



Dragons Opportunity and Virtual Academy (DOVA)

Application for Admission to Virtual Academy

Thank you for applying for admission to DOVA's virtual program. This application packet must be completed in full before a student will be considered for acceptance to DOVA.

Student Name:

Date:

Please follow the checklist below when completing and submitting the application:

- Student and parent have completed pages 2 and 3 of the application.
- The application form has been signed by parent/guardian and student.
- The student has met with his/her counselor at their base school and the counselor has completed the "Counselor Recommendation" form. *(Note: If the student is not currently enrolled in school, a counselor from the student's previous school must complete the recommendation form.)*
- The counselor has signed the recommendation form.
- The completed application packet should be sent to:

**Dragons Opportunity and Virtual Academy
91 D. B. Carroll Street
Jasper, Georgia 30143**

When the Application for Admission is received, the application will be reviewed and the student/parent will be contacted regarding the continuing registration process.

Thank you for your interest in attending the virtual program at Dragons Opportunity and Virtual Academy.



Application for Admission to Virtual Academy

(Please print using blue or black ink.)

Demographic Information

Applicant's Legal Name: _____ Date: _____

Date of Birth _____ Age ____ Gender ____ Grade ____ SSN _____

Street Address _____

City _____ Zip _____ Base School _____

Home Phone _____ Student Cell _____

Student Email _____

Parent/Guardian Contact Information

Parent/Guardian 1: _____

Email Address: _____ Cell Phone: _____

Parent/Guardian 2: _____

Email Address: _____ Cell Phone: _____

Personal Interests and Motivation

Why do you want to attend DOVA's virtual program? _____

In what subject(s) have you had the most difficulty? _____

What colleges are you interested in attending? _____

What profession(s) or vocation(s) are you considering? _____

What are your other interests or hobbies? _____



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Additional Information

(Some information may not pertain to middle school students, but please complete all sections.)

Does the student work? yes no Name of Employer: _____

Hours worked per week: _____ Employer Phone Number: _____

Is the student involved with the court system? yes no

Does the student have a probation officer? yes no

Name of probation officer: _____ Phone Number: _____

Is the student court ordered to attend school? yes no

Is the student involved with the school social worker? yes no

Does the student have a computer with high speed internet connection in their home? _____

Special Program Information

Does the student qualify for gifted services? yes no

Does the student qualify for special education services? yes no

Does the student have a current IEP? yes no

Does the student have a 504 plan? yes no Reason: _____

Does the student qualify for ELL services? yes no

Required Signatures

To the best of my knowledge, the information in this application is true and accurate. Dragons Opportunity and Virtual Academy may verify any part of this application material. Failure to disclose accurate information may result in the application not being processed or removal from the program.

Student Signature

Date

Parent/Guardian Signature

Date



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Counselor Recommendation

Student Name: _____ Date: _____

Counselor Name: _____ School: _____

Counselor Assessment

Compared with a successful high school/middle school student with whom you have had experience, please indicate your perception of the applicant's attributes by circling the appropriate number in the range indicated below with **1 being unsatisfactory, 2 below average, 3 average, 4 above average, and 5 excellent.**

Work Ethic	1	2	3	4	5	N/A
Initiative	1	2	3	4	5	N/A
Emotional Stability	1	2	3	4	5	N/A
Respect Authority	1	2	3	4	5	N/A
Acceptance of Others	1	2	3	4	5	N/A
Reliability	1	2	3	4	5	N/A
Integrity	1	2	3	4	5	N/A
Attendance	1	2	3	4	5	N/A
Motivation	1	2	3	4	5	N/A
Independent Learner	1	2	3	4	5	N/A

What are the first three words that come to mind when describing this student?

1. _____ 2. _____ 3. _____

Are there special factors that should be considered when interpreting this student's records?

Is the student involved in any extracurricular activities? yes no

If yes, please specify: _____

I recommend this student with reservation with no reservation highly

I would like to provide additional information about this student, and I would like to be contacted regarding the student: yes no

Counselor's Signature

Date

Phone Number