



Virtual Learning Request Form

BCSD students may participate in virtual learning opportunities throughout the school year on a rolling enrollment calendar for initial credit. Participation schedules are flexible and can occur during the regular school day, in a blended setting, or independently. Credits earned by successful completion of these courses count toward fulfilling requirements to obtain a South Carolina High School Diploma.

A partnership exists between the BCSD virtual franchise (BCVLP) and the student's home school that includes the school counselor, school administrator, virtual adjunct instructor and program coordinator to monitor and communicate student progress.

Complete the form along with a student transcript to initiate a virtual course request.

Student Name: _____ Grade Level: _____ SUNS #: _____
 School: _____ Date of Birth: _____ Student Email: _____
 Parent/Legal Guardian: _____ Parent Email: _____
 Work #: _____ Home # _____ Cell #: _____
 With whom does the student live? _____ Relationship to student: _____

Emergency Contact: (other than above)

Name: _____ Relationship: _____ Phone: _____

Please provide rationale for course request explaining why the student cannot take the course during the regular school day:

COURSE REQUEST

I would like to take the following course:

Course Name: _____ Course Request Date: _____

Course Name: _____ Course Request Date: _____

Parent Signature: _____ Date: _____

Student Signature: _____ Date: _____



SCHOOL USE ONLY

APPLICATION PROCESS:

- The application must be typed or neatly hand-written.
- A rationale must be included describing extenuating circumstances.
- The student receives advisement to review the requirements of taking an online course
- The principal must sign the form.
- A teacher must be designated as the teacher of record.
- The *Student and Parent Agreement* and *Virtual Learning Request* must be signed.
- Add student information into the BCVLP database

Counselor

I recommend _____ to complete an initial credit course using the following program:
___ BCVLP ___ VirtualSC (for courses not offered by BCVLP)

Student Conference Date: _____

See BCVLP Handbook section titled: **Counselor’s Enrollment Procedure.

Guidance Counselor Signature: _____

If your student has an IEP, 504, and/or an ELL plan? If yes, check the appropriate box(es).

IEP 504 ELL None

Courses Requested:

_____ **Teacher of Record**
 _____ **Teacher of Record**

Principal

I verify the above is appropriate course work for this individual student with regards to his/her IGP plan and diploma progress. The teacher of record has been given appropriate training regarding the required course content to master all necessary standards for credit. It is understood that the teacher of record for Virtual SC is employed by Virtual SC.

Principal Signature: _____ Date: _____

Counselor or Counselor’s Designee enters data into the [BCVLP database](#). Counselors will keep this form on file for 5 years.

Date	Courses Completed	Teacher	Final Grade
_____	_____	_____	_____
_____	_____	_____	_____