LEARN's VIRTUAL LEARNING ACADEMY
ONLINE SUMMER SCHOOL
July 11 – August 15, 2018

REGISTRATION FORM

☐ I have registered for LEARN's Virtual Learning Academy Online Summer School. (Summer school courses can be accessed anywhere with an internet connection. Summer school is not physically located at LEARN.) Once this form is returned to LEARN and payment is received, login information will be sent to the parent and student emails listed on this form by July 11th. *All 18 course lessons must be completed and submitted prior to session end to receive a numerical grade from LEARN and credit from your school district.*

STUDENT INFORMATION

Last Name:	First Name:	Middle Name:

Street Address:	City:	State:	ZIP Code:

Name of Parent/Guardian:	Home Phone:	Cell Phone:	Work Phone:

Parent Email Address: **REQUIRED**	Student Email Address: **REQUIRED**

School Currently Attending:	Name of School Counselor:	Grade Just Completed:	Year of Graduation:

To which school and guidance counselor would you like your transcript sent? *(include guidance counselor's email address)*

☐ Please check here if student enrolling has a current IEP. *If yes, include copy of IEP with registration form.*

Student Signature _____ *Date* _____ *Parent/Guardian Signature* _____ *Date* _____

COURSE OFFERINGS

Cost: $350 for 1 course, $500 for 2 courses, $600 for 3 courses

☐	ENGLISH I (grade 9)	☐	HEALTH	☐	SOCIOLOGY (1/2 credit)
☐	ENGLISH II (grade 10)	☐	ALGEBRA I	☐	ECONOMICS
☐	ENGLISH III (grade 11)	☐	ALGEBRA II	☐	BIOLOGY
☐	ENGLISH IV (grade 12)	☐	GEOMETRY	☐	ENVIRONMENTAL SCIENCE
☐	GREEK MYTHOLOGY (1/2 credit)	☐	US HISTORY	☐	PHYSICAL SCIENCE
☐	POETRY (1/2 credit)	☐	WORLD HISTORY	☐	FINANCIAL LITERACY (1/2 credit)
☐	SHORT STORIES (1/2 credit)	☐	GOVERNMENT (1/2 credit)	☐	Other: _____

SCHOOL APPROVAL

This student meets Summer School admission criteria and the chosen courses are appropriate.

Principal or Guidance Counselor Signature _____ *Date* _____

Registration deadline is July 9, 2018.

Please return this form to Bonnie Silvestri by email bsilvestri@learn.k12.ct.us or fax 860.434.4837.

For Office Use Only:

Date Enrolled _____ Course Fee _____ Payment _____ Login _____

44 Hatchetts Hill Road, Old Lyme, CT 06371 (860)434-4800 • FAX (860)434-4837 Eileen S. Howley, Ed.D. • *Executive Director*