

DEPARTMENT OF DEFENSE EDUCATION ACTIVITY

VIRTUAL HIGH SCHOOL EXPANDED ENROLLMENT PILOT REQUEST

The collection of Student/Sponsor information is approved under OMB No.: 0704-0495, Expiration Date: May 31, 2026. This supplement is used for DVHS enrollment ONLY. Control as CUI when filled in.

PRIVACY ACT STATEMENT

AUTHORITY: 10 U.S.C. Section 2164, and 20 U.S.C. Sections 921-932.

PRINCIPAL PURPOSE(S): To obtain Information necessary to enroll students, administer school operations, and protect student health and welfare in DoD operated dependent education programs. Completed forms are covered by the DoDEA Dependent Children's School Program Files SORN located at <https://dpcl.d.defense.gov/Privacy/SORNsIndex/DOD-wide-SORN-Article-View/Article/570573/dodea-26/>.

ROUTINE USE(S): To Federal, State and local government officials to protect health and safety in the event of emergencies. The DoD Blanket Routine Uses found at <https://dpcl.d.defense.gov/Privacy/SORNsIndex/Blanket-Routine-Uses/> also apply to this collection.

DISCLOSURE: Voluntary; however, failure to disclose the information collected on this form may delay and/or prevent the enrollment of a child and/or the delivery of educational and emergency services.

SECTION I: STUDENT ENROLLMENT INFORMATION

1. STUDENT LEGAL NAME (<i>Last, First, Middle</i>)		2. STUDENT DATE OF BIRTH (MM/DD/YYYY)	3. STUDENT SEX	4. STUDENT RACE
5. STUDENT ETHNICITY	6. SPONSOR NAME (<i>Last, First, Middle</i>)		7. SPONSOR MAILING ADDRESS	
8. SPONSOR EMAIL ADDRESS			9. SPONSOR PHONE NUMBER (<i>Include Area Code or DSN</i>)	
10. MILITARY BRANCH		11. ASSIGNED MILITARY INSTALLATION		
12. SCHOOL NAME (<i>If Home School, Please Indicate</i>)				
13. SCHOOL MAILING ADDRESS				
14. SCHOOL POINT OF CONTACT NAME (<i>Counselor, Administrator, or Designee</i>)				
15. SCHOOL/POINT OF CONTACT EMAIL ADDRESS				
16. SCHOOL/POINT OF CONTACT PHONE NUMBER(S)				
17. GRADE LEVEL (<i>School Year for Which You Are Applying</i>)		18. SEMESTER (<i>To Begin With DVS</i>)	19. SCHOOL YEAR (<i>For Which You Are Applying</i>)	
20. STUDENT SERVICES (<i>Check Applicable Boxes</i>)				
SPED	504	ESOL		

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21. COURSE SELECTION

Please select any combination of semester and yearlong courses that equal up to 2 credits for the year (up to 1 credit per semester).

Note: To select multiple items in a list, hold down the CTRL key while clicking the items.

- *Each semester course (first list) is 0.5 credit. It takes two to equal 1 full credit.*
- *Each yearlong course (second list) is 1.0 credit.*
- *Requests for more than 2 credits will not be accepted.*
- *Second (or higher) level courses in a subject (i.e., Coding II or German III) require the student has already taken all previous levels of that course.*

SECTION II: STUDENT AGREEMENT

By submitting this form, the **Student** agrees to the following:

1. I understand the course(s) I am requesting are provided online and contain the same level of rigor as courses in a face-to-face environment.
2. I understand the grade I earn in this course(s) may be included in my Grade Point Average (GPA) and my home school will receive a transcript from DVHS detailing my grade(s) and credit(s) earned.
3. I will abide by the [DVHS guidelines](#) for course completion, academic integrity, and student behavior.
4. I will follow the [DVHS calendar](#) and abide by [published withdrawal \(drop/add\) dates](#).
5. I will follow the [DoDEA Internet User Policy](#).
6. If taking an Advanced Placement course, I understand I am responsible for test arrangement and exam costs.

Student Initials: _____ Date: _____

SECTION III: SPONSOR AGREEMENT AND CONSENT

By submitting this form, the **Sponsor** agrees to the following:

1. As the parent/sponsor of _____, I authorize for my child to participate in DVHS.
2. I acknowledge and agree with Section II: Student Agreement.

Sponsor Initials: _____ Date: _____

SECTION IV: AUTHORIZING SCHOOL OFFICIAL ATTESTATION

The student meets the criteria for registration and the selected course(s) are part of the graduation plan. (*Check One Box ONLY*):

YES **NO** Principal/Designee Name/Signature: _____ Date: _____

SECTION V: VIRTUAL SCHOOL OFFICIAL CERTIFICATION

REQUEST ACCEPTED (*All requested courses*) *Only Course(s) Listed:* _____

REQUEST DENIED *Reason For Denial:* _____

DVS Official Name/Signature: _____ Date: _____