

Anderson One Virtual Learning Academy 2021-2022

Anderson School District One strongly believes that face-to-face instruction is best for the vast majority of our students. However, the District understands there may be medical conditions that prevent some students from attending school face-to-face because of the Coronavirus. Below is some important information regarding the Virtual Learning Academy (VLA) for the 2021-22 school year:

Specific criteria must be met for your child to enroll in the 2021-2022 Virtual Learning Academy.

- Students will be considered for the ASD1 Virtual Learning Academy if they meet at least **one** of the following:
 - The **student** has a documented, underlying medical condition that increases his/her risk for severe illness from the virus that causes Covid-19 **OR**
 - A household member (lives permanently in the same household as the student) has a documented, underlying medical condition that increases his/her risk for severe illness from the virus that causes Covid-19.
- A primary healthcare physician must sign the VLA Application Form attesting to the above criteria.
- A fully completed VLA application form with both physician and parent signatures must be returned to the student's current school (even if the student will be transitioning to a different school in Anderson One next year).
- The deadline for the completed VLA application form with both physician and parent signatures is due **on or before Monday, April 12, 2021**, to your child's current school.
- All students wishing to enroll in the 2021-22 VLA must complete the process regardless of their current VLA or face-to-face status.
- Students who are accepted into the VLA are enrolled in the VLA for the **entire** 2021-22 school year. School and District administration will work with parents and students when extraordinary circumstances occur provided there is classroom space available.
- Elementary and middle school VLA students will participate in daily synchronous (live instruction) and asynchronous instruction (posted assignments that students complete independently). The majority of instruction will be created and directed by an Anderson One teacher.
- High school VLA students will participate mostly in asynchronous instruction (posted assignments that students complete independently). The majority of the instruction will utilize the Edgenuity online platform overseen by an Anderson One teacher.
- Expectations for VLA:
 - Adequate, reliable internet access
 - Regular, on-time attendance
 - Online instruction etiquette (i.e. camera on, proper attire, microphone muted when appropriate, active participation, etc.)
 - Monitor grades through Parent Portal
 - Elementary VLA pick-up materials every two weeks at their home school
 - Elementary VLA must have a supervising adult in the home
- VLA courses will be limited. Some Honors, Advanced, AP, and elective courses will not be available.
- Students may be required to report to school for mandated assessments. District safety protocols would be followed.



**K-12 Virtual Learning Academy
Application Form
2021-2022**

PRINT FORM FOR PARENT AND PHYSICIAN SIGNATURE

Specific criteria must be met for your child to enroll in the 2021-2022 Virtual Learning Academy.

Students will be considered for the ASD1 Virtual Learning Academy if they meet at least **one** of the following criteria:

The **student** has a documented, underlying medical condition that increases their risk for severe illness from the virus that causes Covid-19.

-or-

A **household member** (lives permanently in the same household as the student) has a documented, underlying medical condition that increases their risk for severe illness from the virus that causes Covid-19.

Children with the following conditions might be at increased risk for severe illness: obesity, medical complexity, severe genetic disorders, severe neurologic disorders, inherited metabolic disorders, sickle cell disease, congenital (since birth) heart disease, diabetes, chronic kidney disease, asthma and other chronic lung disease, and immunosuppression due to malignancy or immune-weakening medications (not an exhaustive list). Please discuss with your child's primary care physician to determine if virtual learning is the best option for your child for the 2021-2022 school year.

If it is determined, by your child's primary physician, that they are to enroll in ASD1's Virtual Learning Academy for the 2021-2022 school year please have the physician complete the following form and return it to your child's school **(REQUIRED)**. **Each child in the household that is requesting to attend the Virtual Learning Academy must complete their own form and submit it to their respective school.** No forms will be accepted with more than one student's name on it.

Parents: Please complete the following information.

Student's Full Name : _____

School: _____ Current Grade (2020-21): _____

Date of Birth: _____

Parent/Guardian's Name: _____

Parent/Guardian's Signature: _____

Home address: _____

Phone number: _____

Email address: _____

To be completed by the student's or household member's primary care physician.

Patient's Name: _____ DOB: ____/____/____

Please check one of the following:

The **student** listed above is under my care for an underlying medical condition that increases their risk for severe illness from the virus that causes Covid-19. Completed by student's physician.

A **member of the student's household** (lives permanently in the same household as the student) listed above is under my care for an underlying medical condition that increases their risk for severe illness from the virus that causes Covid-19. Completed by household member's physician.

Primary care physician's attestation:

The above patient is under my care for an underlying condition that increases their risk for severe illness from the virus that causes Covid-19. Participating in Anderson School District One's Virtual Learning Academy for 2021-2022 is the best educational option for the student due to their (or household member's) underlying medical condition.

Physician's signature : _____

Date: _____

Medical Practice Name (if applicable): _____

Physician's Name: _____

Address: _____

Phone number: _____

License number: _____



Physician's Office Stamp
(Required)