

George Washington High Virtual School Application
Virtual School Program provided by Kanawha County Schools

Student Name: _____ WVEIS Number: _____

Grade: _____ Student email address: _____

Parent email address: _____ Telephone number: _____

Part A: Virtual Courses to enroll in:

_____	_____	_____
_____	_____	_____

Is the student taking all their courses virtually? _____ (If yes, disregard part B)

Part B: Courses at the school to schedule for:

_____	_____	_____
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Why do you want to take virtual Courses?

Student Signature: _____ Date _____

Parent Signature: _____ Date _____

This form should be turned in to the applicant's counselor.