Zachary Virtual Learning Program

Dear Parents/Guardians:

The education environment is constantly changing. ZCSD wants to make sure to meet your child's diverse and unique educational needs. We have established a virtual learning program (Imagine Learning and Supplemental Course Academy) that incorporates the flexibility of online learning with the opportunity to interact with core content teachers during office hours.

Virtual learning is simply the combination of classroom education with online components to create a modern-day learning experience for students who desire educational options beyond the traditional classroom environment. Successful students are good readers, well organized, able to work alone, self-disciplined, and computer literate. Students must also be highly motivated.

We want all students who take online classes to be successful, but it is important that they and you, the parent, understand the demands of virtual courses for success to occur. Please realistically assess your child's suitability for online instruction. Regular access to a computer with internet is critical for the successful completion of the online coursework.

ADVISEMENT FOR STUDENT ATHLETES: The National Collegiate Athletic Association (NCAA) has very strict guidelines regarding credit for courses taken online. Some online credit recovery courses **may or may not be approved** by the NCAA.

**I have read and understand the information presented, the parent letter above, and confirm that I have given careful consideration to the suitability of my child, _____,
to enroll in a virtual program before approving him/her to do so.**

_____   _____
Student Signature   **Date**

_____   _____
Parent/Guardian Signature   **Date**

_____   _____
Administrator   **Date**

_____   _____
Distance Learning Coordinator   **Date**

Please continue to the next page.

Zachary Virtual Program
2025-2026 Application

Legal Name: _____ Gender: M F

                    (Last)   (First)

Address: _____ City: _____ Zip: _____

                  (Street/Apt/Suite)

Grade Level (next year): 7 8 9 10 11 12   Last 4 SSN: _____

Parent/Guardian: _____   Phone: _____

Email address: _____

(Providing an email will allow you to see your child's weekly progress.)

FOR OFFICE USE ONLY:

Regular Education	Yes	No		
If yes, circle the appropriate choice and provide information below			504	IEP

New Credit or Credit Recovery	Course Requested (Keep each semester on separate a line)	Semester	Enrollment Dates		Final Grade
☐ NR ☐ CR		☐ 1 ☐ 2			
☐ NR ☐ CR		☐ 1 ☐ 2			
☐ NR ☐ CR		☐ 1 ☐ 2			
☐ NR ☐ CR		☐ 1 ☐ 2			
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