

Oklahoma Virtual Charter Academy Enrollment Processing Center 2300 Corporate Park Drive Suite 200 Herndon, VA 20171

Ph. 866.991.3012 Fx. 405.212.4014 www.k12.com/ovca

Enrollment Forms Packet (EFP)

Please review the information below. Based on your student(s) grade and applicable circumstances, you are required to submit documentation in order to complete this step in the enrollment process. You can fax, scan and email, or mail the required paperwork.

Important Note: Please send copies, do not mail the original documents

Fax (preferred): Scan and Email: Mail:

1-405-212-4014 OVCAfax@k12.com Oklahoma Virtual Academy Enrollment Processing Center

2300 Corporate Park Drive

Suite 200

Herndon, VA 20171

Required For?	Item	Description	Provided by?	
	Authorization for Use of Electronic Signatures	Once this document has been completed and signed by the Legal Guardian, you will be presented with the following digital documents below.	Provided in this packet	
	Oklahoma Transfer Application	Please complete this form and submit.		
	Home Language Survey	Please complete and sign this form.		
	Title VII Student Eligibility Certifica- tion 506 form	This form must be signed and submitted. If it does not apply to your student, only include your student's name and your signature and write "N/A" on the form. If it is applicable to your student, please complete all sections of the form.	Digitally Signed	
	Enrollment Questionnaire/McKinney-Vento Act	Please complete and sign this form.		
	Release of Records	By filling out this form, you are giving our school permission to request your student's official records from their previous school after the approval process. If your child was Homeschooled please indicate it on the form, fill out the top portion and sign it.		
	Proof of Age	Proof of Age Official Birth Certificate (not the hospital issued certificate).		
	Proof of Residency	Current Utility bill (dated within the past 6 months) OR Tax statement OR Mortgage/Rental Agreement statement showing physical address, not post office box OR Voter Registration.		
	Report Card	The most recent Report Card.	1	
	Immunization Record			
1st and 3rd Grade Only	Proof of Vision Screening	This form is required within 30 days of your student's approval date.	Provided by you	
Required for all 10th-11th graders	Transcripts	You will need to request a copy of your student's transcript from your student's current school, which will allow your student's academic standing. This is required in order to place all 10th and 11th graders.		
Required for Stu- dents that have an IEP or other Special Education needs	IEP	A copy of your student's current IEP (Individualized Education Plan). Because the IEP expires yearly, please submit the current IEP.		
	Evaluation Team Report	, , , , , , , , , , , , , , , , , , , ,		
Required for students that have a 504 plan	504 Accommodation Plan	04 Accommoda- A copy of your student's current 504 Accommodation Plan. Because the 504		

AUTHORIZATION FOR USE OF ELECTRONIC SIGNATURE

An electronic s Transactions Ac	-	-		signature	under th	e Uniform	Electronic
By signing this Virtual Charter A electronic mail fragree that until I out from this add	Academy, he com the e-main notify school	reinafter "sch il address sub l in writing th	ool" to acce mitted herein at my e-mail	pt all corre n, as a valid address is	espondence l electronic changed, a	message fro all communi	by me via om me and I
/ S /	nt/Legal Guardian Signature	shal	l be acceptal	ole as a rep	lacement fo	or my writte	n signature.
I understand that mailing an updat	at I am respon	nsible for not	ifying the so	chool in the	e event tha	t my email	changes by
I will not allow a liability for the e electronically im	vent or the co	onsequences of					
I understand that (by e-mail or by electronic signate all liability related confidentiality of	y FAX), by ure or in writed to the rele	myself, the s ing, that conf ase of the rec	chool or oth idential info quested info	ners. In the rmation be rmation. S	he event the transmitte	nat I reques d, I release s	t, either by school from
By signing below this request.	v, I release sc	chool from an	y responsibil	ity or liabi	lity for con	sequences p	ertaining to
Student's Name			=	Date	e of Birth		
Parent or Legal	Guardian's N	lame	-	Toda	ay's Date		
Street Address			-	Prin	nary E-Mai	il Address	
City S	tate	Zip Code	_	Sign	nature		

By signing this Authorization for Use of Electronic Signature, all other previous submissions of this form received by school is invalid.