



Idaho Virtual Academy  
Enrollment Processing Center  
PO Box 716  
Arco, ID 83213  
ph. 866.467.6188  
fax 208.554.2104  
[www.idahova.org](http://www.idahova.org)

## **Enrollment Forms Packet**

### **Part 1 (The pages supplied in this packet)**

- Request for Student Records (except if applying to Kindergarten)
- Release of Liability
- Home Language Survey
- Idaho Virtual Academy Residency Survey

### **Part 2 (Items you will need to supply)**

- Proof of age for each student applying to our program (copy of Birth Certificate or Adoption/Guardianship/Foster Care paperwork)
- Current proof of residency (copy of current utility bill, tax statement, lease, or mortgage statement)
- A copy of your student's Immunization Record
- A copy of your student's Official School Transcripts (grades 9-12 only)
- A copy of your student's Multifactorial Evaluation/504 or IEP, if applicable

Fax or mail the required documents listed in Parts 1 and 2 to IDVA.

**Fax: 208.554.2104**

Mail: Idaho Virtual Academy  
PO Box 716  
Arco, ID 83213





**IDAHO**  
VIRTUAL ACADEMY<sup>SM</sup>

Idaho Virtual Academy  
Enrollment Processing Center  
PO Box 716  
Arco, ID 83213  
ph. 866.467.6188  
fax 208.554.2104  
[www.idahova.org](http://www.idahova.org)

## **RELEASE OF LIABILITY**

I give my permission for \_\_\_\_\_ (student's full legal name) to participate in IDVA social outings, academic activities, and other out of the home events. I acknowledge the nature of some of these activities and their inherent dangers. I, the undersigned, hereby voluntarily assume all risk of loss, damage, or injury that may be sustained while my child/children and I are participating in said activities, or on the premises where the activity is taking place. I also agree to hold harmless from every and all claims The Idaho Virtual Academy, K12, Inc., and their employees and any other entities associated with said activity.

Parent/Guardian's Signature: \_\_\_\_\_ Date: \_\_\_\_\_



## HOME LANGUAGE SURVEY

Student's Legal Name: \_\_\_\_\_  
Last Name First Name Middle

Today's Date: \_\_\_\_\_ Gender:  Male  Female Birth date: \_\_\_\_\_

School: **Idaho Virtual Academy** Grade Enrolling in: \_\_\_\_\_

What is the primary language spoken in the home? \_\_\_\_\_  
**If English, STOP and sign at the bottom of the page.**

**If anything other than English, please continue on and answer the questions below.**

1. What language is spoken in the home? \_\_\_\_\_
2. What was the first language learned by the child? \_\_\_\_\_
3. What language do you most often use to speak to your child? \_\_\_\_\_
4. What language does the child use most often in the home? \_\_\_\_\_
5. What language does the child use most often with friends outside the home? \_\_\_\_\_
6. What country was your child born? \_\_\_\_\_
7. When did your child first enter school in the USA? \_\_\_\_\_ In what state? \_\_\_\_\_
8. Is the student attending the school as a foreign exchange student? \_\_\_\_\_
9. Has the student ever been in a bilingual educational or an English as a Second Language program in a school in the US? \_\_\_\_\_
10. Did the student exit the program? \_\_\_\_\_ Exit Date: \_\_\_\_\_

Parent/Guardian's Signature: \_\_\_\_\_ Date: \_\_\_\_\_



## Idaho Virtual Academy Residency Survey

Student's Legal Name: \_\_\_\_\_  
Last Name First Name Middle

Today's Date: \_\_\_\_\_ Gender:  Male  Female Birth date: \_\_\_\_\_

School: **Idaho Virtual Academy** Grade Enrolling in: \_\_\_\_\_

This questionnaire is intended to address the McKinney-Vento Act. Your responses will help the administrator determine residency status for enrollment of this student and whether or not additional support and services may be available to the student.

1. Presently, is the student living (circle the appropriate letter)
- a) in a shelter, transitional housing, or awaiting foster care
  - b) with more than one family in a house or an apartment due to loss of housing or economic hardship
  - c) In a temporary trailer, campground, car, or park
  - d) In a hotel or motel
  - e) Choices above do not apply

If "e", then do not complete the remainder of the questions and no further action is necessary. The student lives with (circle the appropriate letter):

- a) 1 parent
- b) 2 parents
- c) 1 parent & another adult
- d) a relative, friend(s) or other adult(s)
- e) alone with no adults
- f) an adult that is not the parent or the legal guardian

Parent/Guardian's Signature: \_\_\_\_\_ Date: \_\_\_\_\_