



Virtual High School Application

Student Name: _____

Date: _____

Email Address _____

Current Grade: _____

Home Address _____

DOB: _____

Phone Number: _____

Guardian Name: _____

Guardian Email Address: _____

Guardian Phone Number: _____

1. Which VHS course would you like to take?

Fall Semester: _____

(First Choice)

(Second Choice)

Spring Semester: _____

(First Choice)

(Second Choice)

2. Why are you interested in taking this class? (Use a separate piece of paper, if necessary)

3. What qualities do you possess that will make you a good candidate for VHS? (Use a separate piece of paper, if necessary)

4. Please list the names of 2 GRHS teachers who can be consulted regarding your ability to work independently?



1. _____

2. _____

I have read and agree to all information outlined under *Policies and Important Information* (<http://www.glenridge.org/Page/4109>). I understand that I will owe half the price of a VHS course if I drop the course after the VHS drop period ends (\$150-semester, \$300-full year).

Please make the check payable to Glen Ridge Board of Education

Fall 2023 Semester Begins: September 4, 2024
Fall 2023 Add/Drop Period Ends: September 10, 2024
Fall Semester Ends: December 17, 2024

Full Year Classes Resume: January 8, 2025
Spring Semester Begins: January 29, 2025
Spring 2024 Add/Drop Period Ends: February 4, 2024
Full Year & Spring Semester Ends: May 13, 2025

Student Signature_____

Date_____

Parent Signature_____

Date_____

Counselor Signature_____

Date_____

Students who were previously enrolled in and dropped a VHS class are not eligible to enroll in another VHS class.

Please return the completed and signed application to your school guidance counselor in the guidance office.

Office Use only: Yes_____ No_____