

 **Minersville Area Virtual Academy Request** 

As of _____, I am requesting that my child _____ be referred to the Minersville Area Virtual Academy, the Minersville Area School District's online cyber school for the current school year: _____.

Current Information: _____ Current Grade Level: _____

Name of Parent/Guardian: _____

Parent/Guardian E-Mail Address: _____

Address: _____

Phone: CELL _____ HOME _____
WORK _____

Will student need a computer? _____

Parent/Guardian Signature _____ Date _____

Student Signature _____ Date _____

Below is for MASD Office use

Reviewed by Counselor: _____ Date: _____

Date of Parent Meeting: _____

Building Principal Signature: _____ Date: _____

Approved or Denied

Last date in attendance: _____ Enrollment date at MAVA: _____

CC: Mrs. D. Raczka Mrs. B. Conville
Guidance Mrs. Faust
Mrs. Tobin Mrs. Lafferty

Return Options: Email: draczka@battlinminers.com Mail: Minersville Area School District Attn: Danielle PO Box 787 Minersville, PA 17954 Drop off at District Office-Mon-Thurs 8:00-3:30
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