

 **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: _____. I understand switching from in-person learning to MAVA may impact courses that are offered to my child and disrupt their academic success. I agree to meet with administration and the school counselors to discuss this request before approval is granted.

Current Information: _____ Current Grade Level: _____

Name of Parent/Guardian: _____

Parent/Guardian E-Mail Address: _____

Address: _____

Phone: CELL _____ HOME _____ WORK _____

Does 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. M. Flynn
Guidance Mrs. B. Conville
Mrs. Tobin Mrs. Faust
Mrs. Lafferty

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