



## Queen Creek Virtual Academy: Intended Full-Time Equivalency Enrollment Statement (AOI)

**one form per student** (Email to [qcva@qcusd.org](mailto:qcva@qcusd.org))

Date	Last Name	First Name Middle Name	Grade	Date of Birth

I confirm that my child, \_\_\_\_\_, intends to enroll in Queen Creek Virtual Academy. (This form remains in effect for each year the student is in the program.)

I understand we are committing to a full year and transfer approvals will only be granted at the semester break. Providing false information on this form may result in the application being denied or admission being revoked. The signatory affirms that the student will abide by the rules, standards, and policies of the School and Queen Creek Unified School District.

### Queen Creek Virtual Academy Full-time Equivalency Enrollment Statement

Maintain full-time enrollment with QCVA by completing 25 hours a week and turning in my time log weekly. I understand I may be dropped from the program if I do not complete a minimum of 25 hours each week: \_\_\_\_ The parent understands, the student will be responsible for self-reporting accurate hours as documentation and student accounts may be locked if documents are not submitted in time: \_\_\_\_

Make adequate progress, or I will be dropped for inactivity after 10 consecutive days of minimal or no activity: \_\_\_\_

Student must participate in in-person state testing: \_\_\_\_

QCVA **K-8 students** will not be issued devices. I understand, the family is responsible for providing a computer: \_\_\_\_ (Secondary Students) Must finish complete 100% of the coursework by the provided date and take an in-person final in order to stay on track for graduation: \_\_\_\_

I understand that an electronic signature has the same legal effect and can be enforced in the same way as a written signature. Type your name in the signature box provided.

Signature of Parent/Guardian

Parent/Guardian Name (First, Last)

Parent/Guardian Phone

Parent/Guardian Email

### OFFICE USE ONLY

SAIS ID#

Initial FTE:

Date of Enrollment: Signature

Change to FTE

Date of Change: Signature

Change to FTE

Date of Change: Signature

Notes: