EDUCATION, ANYTIME, ANYWHERE

•High School
•Middle School
•On-line Classes

ED Anywhere
www.edanywhere.com

10 PIDGEON HILL DRIVE
SUITE 70
STERLING, VIRGINIA 20165
OFFICE: (703) 4ED-0805
FAX: (703) 4ED-0378

# APPLICATION FOR ENROLLMENT (GREEN)

PLEASE TYPE OR PRINT

Date:_____

Applicant's Legal Name:_____
Last First Middle Maiden

Address:_____
Number/Street City State Zip Code

Telephone:_____ Emergency Telephone:_____ Race (Optional):_____ Sex:_____ Age:_____

Date of Birth:_____ Birthplace:_____ Social Security No.: _____

Circle one: Single Married Separated Divorced Widowed

Number of Dependent Children:_____ List their Ages: _____ _____ _____ _____

Employer:_____

Address:_____

Have you applied to this program previously? Yes ☐ No ☐ Have you attended this program previously? Yes ☐ No ☐

Are you presently enrolled in school? Yes ☐ No ☐ If yes, School:_____ Mo./Yr.:_____

Name used in high school:_____
Last First Middle

List all high schools you have attended and the dates attended:

| School | City/State | Month/Year/Grade |
|---|---|---|
| 1. | | |
| 2. | | |
| 3. | | |

Have you attended trade/vocational/college classes? Yes ☐ No ☐ If yes, what school:_____
If yes, please submit a transcript from the school.

## Time Selection:

Choose your first and second schedule choices. Place a 1 by your first choice and a 2 by your second choice.

_____9:00 -12:00 a.m. _____1:00 p.m.-4:00 p.m. _____Distance Learning

## Applicant's Agreement

I hereby agree to attend classes as prescribed in my Independent Learning Plan in pursuing a high school diploma or GED.

_____ _____
Signature of Applicant Date

Applicants who are under the age of 21 should complete Section A.

A. Full Name of Father/Guardian:_____ Living:_____ Deceased:_____

Full Name of Mother/Guardian: _____ Living:_____ Deceased:_____

Father's/Guardian's Employer: _____ Telephone:_____

Mother's/Guardian's Employer:_____ Telephone:_____

Address of Parent/Guardian:_____
Number/Street City State Zip

Name of person with whom applicant lives:_____ Relationship: _____

## Parent's/Guardian's signature is required for applicants under the age of 18.

I understand that my son/daughter will attend the ED Anywhere Program, for a minimum of 15 hours per week. I agree to work with the staff in helping him/her achieve his/her school diploma or GED. I also understand that I will be responsible for the payment of these services.

_____ _____
Signature of Parent/Guardian Date

## Counselor's Recommendation

I believe this student meets all eligibility requirements. I am making this recommendation for the following reason(s):

_____
_____
_____
_____
This information must be included.

_____ _____
Signature of Counselor Date

## Guidelines

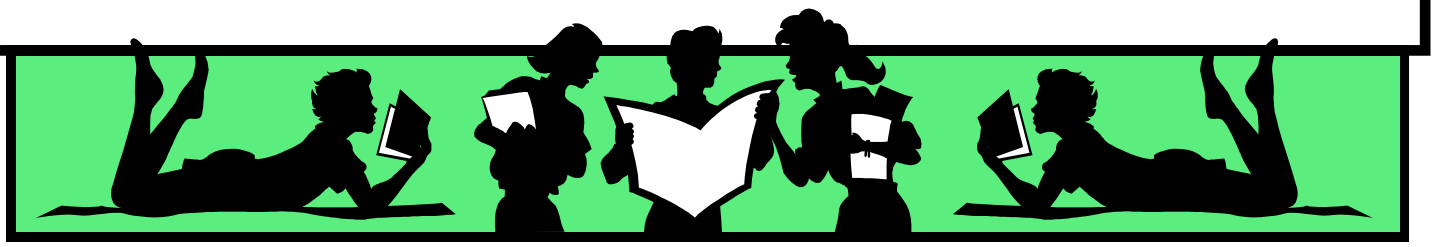
Students 14 to 21 years of age may transfer from their present school if they meet one of the following criteria:

A. The student is 13 years of age or older. (Parent's/Guardian's written permission is required for students under the age of 18.) *

B. The student is a ninth (9th) grader or above.*

C. The student has failed one (1) or more grades.*

D. Documented family/personal situation indicates regular school enrollment is not feasible, as recommended by the referral source (needs job, child care, etc.).*

E. The student is long-term suspended, expelled, or dropped out.*

*Some exceptions are made for Special Education and some middle school students. Please contact the Site Manager.