



## Act 77 Flexible Pathways Enrollment Form

In accordance with the [Vermont Agency of Education's Memorandum dated April 2014](#), all schools are encouraged to support students who request access to VTVLC programs. To request this support, parents and schools must fill out this form.

**NOTE: Students are NOT enrolled until this request for support is signed by both parties and confirmed by VTVLC. It is the responsibility of the parent OR the school to return the completed form to VTVLC. Enrollments are available on a first-come, first-served basis.**

A. STUDENT INFORMATION: To Be Completed by Parent/Guardian		
Student First Name: _____ Student Last Name: _____		
Student Grade Requested (Check one): <input type="checkbox"/> Kindergarten <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8		
Parent/Guardian First Name: _____ Parent/Guardian Last Name: _____		
Parent/Guardian Email: _____ State: _____ Phone: _____		
<input type="checkbox"/> I am requesting support for Full Time, Online Enrollment (1 FTE)		
<input type="checkbox"/> I am requesting support for up to 2 courses/semester (0.4 FTE)		
Parent Signature: _____		
B. OUTLINE OF SCHOOL SUPPORT: To Be Completed by Building Administration		
<input type="checkbox"/> Yes, this student will be enrolling as a 1.0 FTE student with our school while completing all courses online with VTVLC. Our school will claim the ADM.		
<input type="checkbox"/> Yes, this student will be enrolling as a .4 FTE as a supported home study student and counting the prorated ADM.		
<input type="checkbox"/> Yes, this student will be enrolling as a .2 FTE as a supported home study student and counting the prorated ADM.		
<input type="checkbox"/> No, we will not be supporting this student's access to the virtual learning flexible pathway and no ADM will be claimed by our school.		
Reason: _____		
Building Administrator Signature: _____		Date: _____
C. SCHOOL INFORMATION: To Be filled out by local public school.		
School Name: _____	Phone: _____	
Counselor Name: _____	Counselor Email: _____	
School Administrator: _____	Admin Email: _____	
D. BILLING INFORMATION: To Be Completed by Building Admin (only to be completed if 0.4 FTE support is offered)		
Billed District/School: _____	Phone: _____	
Billing Address: _____	City, State, Zip: _____	
Student Town of Residence: _____		
# of earned seats to use: _____	PO#: _____	Amount: _____

Return completed form to VTVLC - Attn: Lucey Gagner | [lgagner@vtvlc.org](mailto:lgagner@vtvlc.org)  
 Questions? Call Lucey at 802-591-0248