Student Name:	Student Grade: _
Student Telephone Number:	Student Email: _
School District:	School Building:
The student (name above) has my permission to ta Schools and My Virtual Academy.	ake online classes through Climax-Scotts
Parent/Guardian Name:	
Parent/Guardian Email:	
Parent/Guardian Number:	
Parent/Guardian Signature	

COURSE	COURSE SELECTION	COURSE	COI SELE
LANGUAGE ARTS:		SOCIAL STUDIES:	
Language Arts K – A/B		Social Studies K – A/B	
Language Arts 1 – A/B		Social Studies 1 – A/B	
Language Arts 2 – A/B		Social Studies 2 – A/B	
Language Arts 3 – A/B		Social Studies 3 – A/B	
Language Arts 4– A/B		Social Studies 4 – A/B	
Language Arts 5 – A/B		Social Studies 5 – A/B	
SCIENCE:		ELEMENTARY SCHOOL ELECTIVES:	
Science K – A/B		Arts and Crafts K – A/B	
Science 1 – A/B		Arts and Crafts 1 – A/B	1
Science 2 – A/B		Arts and Crafts 2 – A/B	
Science 3 – A/B		Art 1 – one semester	
Science 4 – A/B		Art 2 – one semester	
Science 5 – A/B		Art 3 – one semester	
		Art 4 – one semester	
		Keyboarding 3 – one semester	
MATH:		Keyboarding 4 – one semester	
Math K – A/B		Keyboarding 5 – one semester	
Math $1 - A/B$		Scratch Coding 3 – one semester	
Math $2 - A/B$		Scratch Coding 4 – one semester	
Math $3 - A/B$		Scratch Coding 5 – one semester	
		Novel 4 A - district must provide novel "Tales of a 4th Grade	
Math 4– A/B		Nothing"	
		Novel 5 A – district must provide novel "Island of the Blue	
Math $5 - A/B$		Dolphins"	
		Novel 5 B – district must provide novel "Maniac Magee"	
		Recorders 4 or 5 – one semester – district must provide recorders	
		Reading Eggs K-5 – if district purchased package	

☐ I understand and agree that I/my student will make two-way communication with the designated district mentor each week. Failure to meet this requirement can result in the student being withdrawn from the program.