NATIONAL UNIVERSITY VIRTUAL HIGH SCHOOL

Student Number: ____

11355 North Torrey Pines Road, La Jolla, CA 92037 • 866.366.8847 • Fax 858.642.8750

APPLICATION FOR ADMISSION

STUDENT IN	FORMAT	ION – It is th	e paren	t/guardia	n's responsi	bility to inf	orm NUVHS	of any c	hanges.	
Name in full										
	Last			First			Middle		Jr.	Social Security Number
Home Addres	s									()
	Street				City			State	Zip	Home Phone
Sex (Circle)	Date	_	_		Place				•	
M F	of Birth	mo. d	ay	year	of Birth	City		State	Zip	Citizenship - Country
Your Nicknar	ne (if any)		E-	mail Ac	ldress (Requ	ired)				Test Scores (if applicable)
Current										SAT Date
High School	Name			City	y		State		From - To	ACT Date
Ethnic Origin	(Voluntary In	formation) 🗆 H	Black No	n-Hispan	ic □ Asian/Pa	acific Islande	er 🗆 Americar	n Indian/A	laskan Native	Hispanic 🛛 White Non-Hispanic
Country of Birth: If Country of Birth is other than U.S., give year of arrival:						:				
U.S. Citizenshi	U.S. Citizenship Ves No If not U.S. Citizen, indicate status: Immigrant Non-immigrant Alien Number:					Number:				
Is student's father, mother, or guardian an active member of the armed services? \Box Yes \Box No										
If yes, enter branch or service and member's rank: Father Mother Guar						ıardian				
How did you he	ear about Na	tional Univers	ity Virt	ual High	School?					
\Box Website \Box P	Print □ Radi	o □ E-mail	Telev	vision □	Referred by	r	🗆 N	U Affilia	te	🗆 Other

PAF	RENT/C	JUARI	DIAN IN	FORMATION	 It is the p 	arent/guard	ian's responsibility to	o inform NUVHS of a	ny changes.
	Mr.	Mrs.	Dr.	Name in full					
Г	Miss	Ms.	Other	Last		First	Re	lationship	Employer's Name
FIRST	Home	Addres	ss (if diffe	rent from student's)					
FII									Home Phone
	E-mail (Required)						()		
Custody of Student: □ Yes □ No Student lives with Contact: □ Yes □ No						Work Phone			
	Mr. Mrs. Dr. Name in full								
٩D	Miss	Ms	s. Ot	her Last		Fir	rst	Relationship	Employer's Name
SECOND	Home	Addres	ss (if diffe	rent from student's)					()
SEC									Home Phone
	E-mail	l (Stron	gly Reco	mmended)					()
	Custo	ly of St	udent:	🗆 Yes 🗆 No		Studen	t lives with Contact:	\Box Yes \Box No	Work Phone
RE	GISTRA	ATION	INFOR	MATION					
Ter	m or Ses	ssion ap	plied for				Class(es) applied f	or	
				Month	Day	Year			
Gra	de level						Format Requested:	Guided Study	AP
Sub	Submission of current Individualized Education Plan (IEP) if applicable prior to enrollment: 🛛 Attached 🔅 Not Applicable								
I cer	I certify that the information provided in this application is accurate and complete. If I am accepted as a student, I agree to abide by NUVHS policies.								
Stuc	lent Sigr	ature:	Х						Date
Pare	ent Signa	ture: X	K						Date

NATIONAL UNIVERSITY VIRTUAL HIGH SCHOOL

DOCUMENT RECORD

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Student Number: _____

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11355 North Torrey Pines Road, La Jolla, CA 92037 • 866.366.8847 • Fax 858.642.8750

Nar	ne:				
	Last	Fir	rst	Middle	
ED	UCATIONAL INF	ORMATION – It is the parent/gua	ardian's responsibility to inform	NUVHS of any changes.	
ELEMENTARY	Grade School Name		Location	Grades Completed	Years of Attendance
MIDDLE	Middle School Nan	ne(s)	Location	Grades Completed	Years of Attendance
HIGH	High School Name	(s)	Location	Grades Completed	Years of Attendance
H					
		ARDIAN TO COMPLETE ve mail at other than your current h	omo addrass, plasso complete t	ha fallowing	
MAILING	Name:				
For	Students Enrolling	FENROLLMENT ONLY Fulltime to NUVHS:		·	
	-	nrollment into NUVHS may be t Release of Official Transcript (Full-tin	ne students)	greement	eived by NUVHS:
□ Im	munization Record	Course Transferability Verific	ation (Part-time students)	Student/Parent/School Compact	
	gning below, I acki NUVHS Enro	KNOWLEDGEMENT nowledge that my parent/guardia Ilment Agreement ent/Parent Compact	-	reed to the policies stated in t Student Handbook	he:
	o acknowledge that	t the Student/Parent Handbook v HS if the stated policies are disr		or all NUVHS students and the students and the students and the students and the students are students and the students are students as the students as the students as the students are students as the students are students as the students as the students as the students as the students are students as the students are students as the student	hat I may be subject
Stud	ent Signature:	<u>X</u>		Date:	
Pare	nt/Guardian Signature	e: <u>X</u>		Date:	

FOR NUVHS USE ONLY

NATIONAL UNIVERSITY VIRTUAL HIGH SCHOOL

ENROLLMENT AGREEMENT

Student Number: ____

11355 North Torrey Pines Road, La Jolla, CA 92037 • 866.366.8847 • Fax 858.642.8750

For the purposes of this document, "responsible party" can be defined as a student's parent/guardian **OR** a student who has reached the age of 18 or has been emancipated. By signing this agreement, the responsible party agrees to the following terms.

Tuition and Fees. A one-time, non-refundable \$60 application fee is due at the time of application. The responsible party agrees to pay NUVHS tuition and fees for each course in which the student enrolls at the amount being charged. NUVHS has the right to change tuition and fees at any time. The full amount of tuition is due and must be paid before the class start date. Each tuition payment received from the responsible party will be applied to the oldest tuition obligation.

Attendance. Students are expected to spend a minimum of 12 - 15 hours per unit working on each course. This time includes any required reading, website visits, participation in discussions and chats, quizzes/exams, and homework assignments. Students who do not consistently login and participate in their online courses risk jeopardizing their chances of success and may be withdrawn from their course. Students are required to spend a minimum of 4 weeks participating in a regular semester course and a minimum of 8-10 weeks regularly participating in an Advanced Placement (AP®) semester course.

Course Refund. Refund calculations are based on the date and time the responsible party informs NUVHS Student Services Department of the student's intent to drop his/her course. All drop requests must be made through email, fax, or over the telephone. Students who wish to withdraw from a course after the class has begun are entitled to the following refund schedule:

NUVHS will provide a full tuition refund if the responsible party makes the drop request no later than 5:00 p.m. Pacific Standard Time on the seventh calendar day from the class start date. Students who drop on or before this date will not receive a mark for the course on their transcript. Responsible parties who inform NUVHS of the student's intent to drop after the seventh day of class but before the 21st day of class will be ineligible for a tuition refund and the student will receive a 'W' (withdraw) on his/her NUVHS transcript. Responsible parties who inform NUVHS of the student's intent to drop after the 20th day of class will be ineligible for a tuition refund and the student will receive a 'W' (withdraw) on his/her NUVHS transcript. Responsible parties who inform NUVHS of the student will receive a 'WF' (withdrawal/fail) on his/her NUVHS transcript. The NUVHS counselor, administrative staff, and instructors are available to assist students and their parent/guardian in exploring alternatives that may allow the student to successfully complete the course in lieu of withdrawing.

NUVHS will mail the tuition refund approximately 30 working days from the date the request is received. No refund will be made unless there is a credit balance with NUVHS. The admission fee charged by NUVHS is non-refundable.

Collection Costs. If tuition and fees are not paid as required by this agreement, NUVHS may incur collection costs. All collection costs, including reasonable attorney fees and court costs, will be paid by the responsible party.

Official Enrollment. Official enrollment in a class requires registration with NUVHS. Instructors are not authorized to issue grades to non-registered students or to allow nonregistered students to attend a class. If a student enrolls into a course that he/she is unable to attend, the responsible party agrees to notify NUVHS Student Services Department as soon as possible so that the course can be dropped.

Official Documents Requirement. NUVHS permits students to attend one term of courses prior to receipt of an official transcript or a Course Transferability Verification Form under

FOR NUVHS USE ONLY	ATIONAL UNIVERSITY IRTUAL HIGH SCHOOL	ENROLLMENT AGREEMENT					
Student Number:		Jolla, CA 92037 • 866.366.8847 • Fax 858.642.8750					
the following conditions: An uno provides a verbal verification of the courses taken in duplication in case	official transcript is prov he student's GPA. NUV ses where students desir	ided, or the responsible party VHS assumes no responsibility for					
classes if the responsible party fai stated in this agreement. Tuition	Bar From Class Attendance . NUVHS may bar a student from attending any additional classes if the responsible party fails to pay tuition when it is due or breaks any of the promises stated in this agreement. Tuition must be made in full or satisfactory arrangements must be made with NUVHS prior to a student's resuming of courses.						
The responsible party understands and agrees that NUVHS may withhold grades, transcripts, diplomas, and other services if tuition is not paid in full or there is failure to comply with any of the terms in this agreement.							
refund must do so in writing no la from the course. The Special Cir written appeals to determine whet party will be informed of the appe	Financial Appeals Process . Responsible parties who wish to appeal the denial of a requested refund must do so in writing no later than 30 calendar days after the student's withdrawal date from the course. The Special Circumstances Review Committee (SCRC) will review all written appeals to determine whether the student is eligible for a refund. The responsible party will be informed of the appeal decision no later than 30 calendar days after NUVHS receipt of the written appeal. All SCRC appeal decisions are final.						
(when applicable) and a student's	original signature to be Signing below confirms	NUVHS requires a parent/guardian included with an online application your intent to apply, and that you ent" included in the Document					
I have read and understand both p tuition and fee payments as they c described in the NUVHS Student/	come due. I agree to abi						
Student Name: Last	First	Middle					
Student Signature: X							
Parent/Guardian Signature: X							
For NUVHS Use Only:							
Reviewed by:							
Title:		Date:					

FOF	R NUVHS USE ONLY	NATIONAL UNIVERSITY VIRTUAL HIGH SCHOOL RI	ELEASE OF OFFICIAL TRANSCRIPT
Student Nun	nber:		a, CA 92037 • 866.366.8847 • Fax 858.642.875
	To Whom It May Cor	icern:	
	TIME STUDENT and	nission to National University Virtual High I I hereby authorize you to furnish them wi e I was a student at your institution. Please	ith an official transcript of my
		National University Virtual High Schoo Attn: Student Services Dept. 11355 North Torrey Pines Road La Jolla, CA 92037-1011	51
		uthorization will be as valid as the original l signature. This authorization is valid fro	
Student Na			
			M: 141-
	Last	First	Middle
Student Sig		First	Middle
Student Sig		First	Middle
Parent/Gua	gnature: <u>X</u>		
Parent/Gua	gnature: <u>X</u> ardian Signature: <u>X</u>		
Parent/Gua	gnature: <u>X</u>		Apt.
Parent/Gua	gnature: <u>X</u> ardian Signature: <u>X</u> Street No.		Apt.
Parent/Gua	gnature: <u>X</u> ardian Signature: <u>X</u>		
Parent/Gua	gnature: <u>X</u> ardian Signature: <u>X</u> Street No. <u>City</u>	State	Apt. Zip
Parent/Gua	gnature: <u>X</u> ardian Signature: <u>X</u> Street No. <u>City</u>		Apt. Zip
Parent/Gua Address: Student So	gnature: <u>X</u> ardian Signature: <u>X</u> Street No. City ocial Security Number:	State	Apt. Zip
Parent/Gua Address: Student So	gnature: <u>X</u> ardian Signature: <u>X</u> Street No. City ocial Security Number:	State	Apt. Zip
Parent/Gua Address: Student So Felephone:	gnature: <u>X</u> ardian Signature: <u>X</u> Street No. City cital Security Number: (Area Code) N	State	Apt. Zip e:
Parent/Gua Address: Student So Felephone: Students/H	gnature: X ardian Signature: X Street No. City city cial Security Number: (Area Code) N Parents: Please enter t	State State Secondary Telephone umber She name and address of the school issuin	Apt. Zip Cip (Area Code) Number ng the transcript below.
Parent/Gua Address: Student So Felephone: Students/H	gnature: X ardian Signature: X Street No. City city cial Security Number: (Area Code) N Parents: Please enter t	State State State Secondary Telephone	Apt. Zip Cip (Area Code) Number ng the transcript below.
Parent/Gua Address: Student So Felephone: Students/H School Issu	gnature: X ardian Signature: X Street No. City cital Security Number: (Area Code) Ni Parents: Please enter t uing Transcript:	State State Secondary Telephone umber She name and address of the school issuin	Apt. Zip
Parent/Gua Address: Student So Felephone: Students/H School Issu	gnature: X ardian Signature: X Street No. City cital Security Number: (Area Code) Ni Parents: Please enter t uing Transcript:	State State Secondary Telephone umber She name and address of the school issuin	Apt. Zip
Address: Student So Felephone: Students/F	gnature: X ardian Signature: X Street No. City city cial Security Number: (Area Code) N Parents: Please enter t uing Transcript:	State State Secondary Telephone umber She name and address of the school issuin	Apt. Zip
Parent/Gua Address: Student So Felephone: Students/H School Issu	gnature: X ardian Signature: X Street No. City city cial Security Number: (Area Code) No Parents: Please enter t uing Transcript: Street No.	State State Secondary Telephone umber She name and address of the school issuin	Apt. Zip
Parent/Gua Address: Student So Felephone: Students/H School Issu	gnature: X ardian Signature: X Street No. City city cial Security Number: (Area Code) N Parents: Please enter t uing Transcript:	State State Secondary Telephone umber She name and address of the school issuin	Apt. Zip

FOR NUVHS USE ONLY Student Number:	NATIONAL UNIVERSITY VIRTUAL HIGH SCHOOL	COURSE TRANSFERABILITY VERIFICATION FORM
	11355 North Torrey Pines Road, La Jol	lla, CA 92037 • 866.366.8847 • Fax 858.642.8750

Each high school, district and college has its own guidelines regarding acceptance of credits. National University Virtual High School (NUVHS) does not assume responsibility for transfer credit. Students who wish to transfer NUVHS credits to their primary high school are required to present an approved Course Transferability Verification Form to NUVHS prior to enrollment.

TO BE COMPLETED BY APPLICANT AND HIS/HER PARENT/GUARDIAN

Applicant's Name:		Date:
Current Grade Level:	Course(s) Applied For:	
Online Course Format:	Guided Study (Minimum of 4 weeks participation)	Advanced Placement (AP) (Minimum 8-10 weeks participation)
The applicant seeks:		
□ To make up credits	\Box To improve the grade	\square A course not offered this semester
□ Flexible scheduling	□ Personalized instruct	ion
□ College acceptance (not	t transferring credit to current high s	<u>chool)</u>
To be initialed by Parent/C	Guardian:	
The applicant is s	eeking transfer of these credits to his/ho	er primary high school.
National University	ity Virtual High School does not guara	tee the acceptance of credits by another school.
NUVHS Representative	Parent Signature	Student Signature
TO BE COMPLETED BY	AN OFFICIAL FROM THE APPL	ICANT'S PRIMARY HIGH SCHOOL
	al indicates that the credit and/or grade nt's high school to count towards high	earned at National University Virtual High School will school graduation requirements.
How Grades/Credits are T attach. If a written policy d	Fransferred - If the district and/or scho	ol have an adopted, written transfer policy, please ourse will appear on the student's transcript when the
Name of School:		Date:
School Official:	Sign	ature:
IF THERE IS A DEADLIN	NE, please indicate when the course s	hould be completed.
Deadline Date	Will this course grade	count in the student's GPA? Yes No
Transfer Policy:		

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Student Number:

NATIONAL UNIVERSITY VIRTUAL HIGH SCHOOL

STUDENT/PARENT/SCHOOL COMPACT

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Educational responsibility must be assumed by the entire school community including the school, the students, and the parents/guardians. Through working together as a team, we create a supportive environment that fosters achievement in the classroom and beyond. With motivation and determination, students can produce exceptional work. To strengthen this commitment, we ask that you carefully read through this compact; it outlines the responsibilities of each party. Your signatures verify your commitment to support this educational pursuit.

Student Name:

Date:

Student Agrees to:	Parent/Guardian Agrees to:	School Agrees to:
Demonstrate frequent and quality participation in completing all course requirements on a regular basis, and submitting assignments as they are completed. A minimum of 4 weeks (28 calendar days) of ongoing participation must occur for all semester courses, and a minimum of 8 weeks (56 calendar days) participation for all semester AP® courses.	Ensure that his/her student regularly participates in all course requirements including homework, assignments, assessments and discussion forums. Ensures students maintain frequent and quality participation and adhere to the required participation expectations set forth by the school.	Provide access to academically rigorous, college preparatory coursework and to ensure students have access to maintain consistent, frequent and qualitative participation of all required coursework to adhere to the academic standards set forth for all courses.
Help create and maintain an online school environment which promotes the success and respect of others and oneself.	Uphold his/her student to a level of academic integrity that exemplifies honesty and compassion for themselves and their fellow classmates.	Provide a respectful, safe, and supportive online high school experience.
Produce high quality work that meets or exceeds course standards.	Ensure that his/her student will maintain proper usage of online resources when operating on the NUVHS academic network.	Provide an interactive, media rich and high quality online education which is standards based and emphasizes project-based learning.

FOR NUVHS USE ONLY Student Number:	NATIONAL UNIVERSITY VIRTUAL HIGH SCHOOL	STUDENT/PARENT/SCHOOL COMPACT
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Dedicate the necessary time (approximately 11-15 hours per unit) to complete and submit assigned work and participate in chat sessions and threaded discussions.	Communicate regularly with NUVHS about concerns or ideas for the student and his/her progress.	Provide certified instructors who will motivate their students to engage in all aspects of an interactive online learning environment.
Complete and submit 100% of assignments, quizzes and tests with academic integrity. Submit a maximum of 2 units per week or 1 unit per week for AP® courses. Submit unit work as completed to teacher for feedback and assessment.	Communicate the value of education by providing home support and by closely monitoring academic activities and progress.	Supply students with tools to help them identify their personal learning style and several systems of support, including technical support, online library resources, student and counseling services, and E-mentors.
Read and agree to the policies stated within the National University Virtual High School Student/Parent Handbook.	Read and agree to the policies stated within the National University Virtual High School Student/Parent Handbook.	Provide student and counseling services for students and parents/guardians regarding both the social and academic aspects of online high school courses.
Acknowledge that this document serves as official policy for all NUVHS students. The student may be subject to dismissal if the above policies are disregarded.	Acknowledge that this document serves as official policy for all NUVHS students. The student may be subject to dismissal if the above policies are disregarded.	Notify students and parents/guardians of any changes made to the handbook and official NUVHS policies.
Student Signature	Parent/Guardian Signature	NUVHS Representative