



**Georgia Virtual School Program**

www.GAVirtualSchool.org  
 Office of Instructional Technology  
 Georgia Department of Education  
 205 Jesse Hill Jr. Drive  
 1970 Twin Towers East  
 Atlanta, GA 30334

**Application for Special Services**

The Georgia Virtual School (GAVS) Program offers private school students on certified medical leave the opportunity to apply for up to three FTE-funded Carnegie units of classes. Unlimited seats are available for tuition for \$300 per one-half Carnegie unit. FTE-funded units of seats in classes are dependent upon the number of seats remaining after public school enrollment has been completed for the semester in which the application is made.

A private school student must have a facilitator identified at the school that will monitor student progress, communicate as needed with the GAVS Program staff, and receive student grades at the end of the semester. It is expected that the student will abide by all GAVS Program’s guidelines, including semester session starting and ending dates. The GAVS Program reserves the right to evaluate physician recommendations and to deny the application if requirements for the program and accommodations cannot be met.

This completed application for special services should be signed by the student’s parent or guardian, school administrator, and physician and faxed to the attention of Sandra Richards, GAVS program coordinator, at 770-357-3704 prior to the student completing the online course application process at www.GAVirtualSchool.org.

**Part I - Pupil Information**

Date:		
Name of student:		DOB:
Parent or guardian name:		
Address:		
Home phone:	Work phone:	Cell phone:
Student email:		Parent email:
Student grade:		
Parent’s/Guardian’s signature:		

**Part II – School Information**

School name:	
School address:	
School phone:	School fax:
School facilitator name:	

School facilitator phone:	School facilitator email:
Last day of pupil attendance:	
Is this a special needs student? If yes, please discuss the nature of the students' special needs.	
Does this student have an IEP or 504 Plan or any documentation addressing the students' special needs? If so, please fax a copy of it to 770-357-3704.	
Administrator's signature:	

**Part III - Medical certification (to be completed by the student's physician)**

Date:	
Physician's name:	
Physician's address:	
Physician's phone:	Physician's fax:
Diagnosis of illness:	
Limitations caused by illness:	
Physician's signature:	

**Part IV – Georgia Virtual School Program's Evaluation of Homebound Needs**

The application for Georgia Virtual School Program services has been

\_\_\_ approved or  
 \_\_\_ denied for the following reason:

GAVS Administrator's Signature: