



**Virtual Academy of Lafourche  
Registration Packet  
2024 – 2025**



## **Registration Packet: 2024 – 2025**

**OPEN ENROLLMENT: MARCH 1 – MARCH 31, 2024**

### **To apply for enrollment:**

1. An application must be completed:
  - a. Applications can be downloaded from our website, [www.valcharter.info](http://www.valcharter.info) or picked up at any VAL Charter Site; Harrison Site, St. Mary Elementary (K-6) or St Mary High (7-12) in Thibodaux; Bayou Blue Site at the intersection of Hwy 316 and Country Estates Drive in Bayou Blue; or South Site on Hwy 308 in Cut Off.
  - b. If you cannot pick up the packet at a VAL Site, please call 985.446.2877 for information between the hours of 8:00am to 4:30pm Monday through Thursday.
  - c. Registration is not considered complete until a completed packet is received at the VAL Harrison Site.
2. You must provide proof of residency in Lafourche Parish:
  - a. Gas, electric, or water bill from the last 60 days that includes your name and service address
  - b. The bills must be in the name of the parent or legal guardian
3. You must also provide:
  - a. Copy of child's Birth Certificate
  - b. Social Security Card:
  - c. Withdrawal request from the previous school
  - d. Transcripts of grades and credits, or student report card
4. Special Education Students and 504 Students:
  - a. Copy of last IEP or Evaluation or copy of last IAP (If not available notify office staff)
5. Out of State Students:
  - a. Act 418 mandates each city and parish school board conduct an orientation program for parents/guardians of students entering public schools in Louisiana for the first time. A brief orientation will be conducted at the time of enrollment.

**Immunizations: All VAL students must provide evidence of their immunizations to be eligible for enrollment.**

### **Please submit one of the following:**

1. A certificate of immunization
2. A printout from the LINKS (Louisiana Immunization Network for Kids Statewide) available from a physician's office
3. A letter from his or her personal physician
4. IMM-1 card obtained from the Louisiana Office of Public Health (OPH)/Immunization Program or other proof of immunization that includes dates of series with an authorized signature



## REGISTRATION PACKET

Please print **clearly** and **neatly** all requested information.

Please read and provide names of previous school(s) and copies of documents requested.

### This Packet Contains the Following Documents:

1. **Registration Basic Information and Document Checklist**
2. **Request for Student Records:** Student name; social security number; date of birth, and parent/guardian signature is required. This form will be sent to the previous school attended for student records.
3. **School uniform policy:** VAL students are not required to wear uniforms; a school uniform is to be worn if the VAL student elects to participate in extracurricular activities on a public-school campus. Each site has the option of implementing a uniform policy. Check with the site director for the policy of your assigned site.
4. **Residency questionnaire:** Complete section A and entire form if your family is homeless; Complete Section B if your family is not homeless and print and sign name in bottom section - #4.
5. **Caregiver Authorization Form:** (English/Spanish)
6. **Family data sheet:** Please complete to the best of your knowledge.
7. **Home language survey:** Please complete the section indicating the language spoken in your home. (English/Spanish)
8. **Internet agreement:** Please read. Student and parent signatures are required.
9. **VAL (EMAIL) Address and Usage Policy:** Please read and request VAL email address.
10. **Parent/Student Handbook:** Please visit [www.valcharter.org](http://www.valcharter.org) for Handbook.

**Once completed, please return the registration pack to:**

**The Virtual Academy of Lafourche  
639 Harrison Street  
Thibodaux, Louisiana 70301  
Attention: Mrs. Holly Rome**

**[hrome@valchater.org](mailto:hrome@valchater.org)**

**Please include the documents/copies of the items listed below:**

- Student's birth certificate
- Social Security Card
- Proof of residency (electric/utility bill)
- Transcripts (high school students) or Report Cards (all students)



## REGISTRATION BASIC INFORMATION and DOCUMENT CHECKLIST

Student Name:	Student ID#:
Previous School Attended:	City/State of School:
Date of Birth:	Current Grade:
Home Phone:	Office/Other Phone:

<u>Name:</u> <input type="checkbox"/> Mother or <input type="checkbox"/> Guardian #1	<u>EMAIL Address</u>	<u>Cell Phone</u>
<u>Address</u>	<u>City/State</u>	<u>Zip</u>

<u>Name:</u> <input type="checkbox"/> Father or <input type="checkbox"/> Guardian #2	<u>EMAIL Address</u>	<u>Cell Phone</u>
<u>Address</u>	<u>City/State</u>	<u>Zip</u>

<u>Student's Cell Phone Number:</u>	<u>Student's EMAIL Address</u>	<u>Other Contact Phone#:</u>
<u>Address (if different from above)</u>	<u>City/State</u>	<u>Zip</u>

Please place a checkmark in front of the listed documents/copies provided with this application

- ☐ Student's birth certificate
- ☐ Social Security Card
- ☐ Proof of residency (electric/utility bill)
- ☐ Transcripts (high school students)



639 Harrison St  
Thibodaux, Louisiana 70301

Phone: (985) 446-2877  
FAX: (985) 446-2993

To: (Previous School) \_\_\_\_\_

FAX Number: \_\_\_\_\_

Date: \_\_\_\_\_

From: \_\_\_\_\_

## REQUEST FOR STUDENT RECORDS

Student Name: \_\_\_\_\_

Social Security Number: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Please email, mail, or fax records to:

[hrome@valcharter.org](mailto:hrome@valcharter.org)

Virtual Academy of Lafourche  
639 Harrison Street  
Thibodaux, Louisiana, 70301

FAX: (985) 446-2993

- |   |   |
|---|---|
| <input type="checkbox"/> Medical/ Immunization Records  | <input type="checkbox"/> Copy of Social Security Card |
| <input type="checkbox"/> Birth Certificate  | <input type="checkbox"/> Attendance Records           |
| <input type="checkbox"/> Discipline Records   | <input type="checkbox"/> Withdrawal Papers            |
| <input type="checkbox"/> Transcript or Report Card  |   |
| <input type="checkbox"/> Achievement Test Scores GEE/ iLEAP/ LEAP/ EOC/ PARCC/ Explore/ Plan/ ACT |   |
| <input type="checkbox"/> Current IEP, Evaluation, or IAP if Applicable                            |   |

\_\_\_\_\_  
Parent/Guardian Signature

Thank you,  
  
Director, Virtual Academy of Lafourche



# Virtual Academy of Lafourche

## 2024 - 2025

### SCHOOL UNIFORM POLICY

The following uniform policy will be strictly adhered to during the 2024 – 2025 school year in accordance with the Lafourche Parish School Board Uniform Policy.

- A. Grooming: Lafourche Parish Public School Board Uniform Policy will be followed. Hair must be neatly trimmed, and natural colors only will be allowed.
- B. Dress: Hats or any head covering will not be permitted inside the school building
- C. Uniform Policy:
  - a. **Shirts** – Uniform style POLO with only 3 buttons not fitted (White recommended). White undershirt only. Shirts must always be tucked in.
  - b. **Pants** – No saggy pants and pants must be worn over shoes. Pants, shorts or skirts with belt loops must be worn with a belt at waistline.
  - c. **Socks / Shoes** – White socks only and shall be visible above the shoe. Shoes must have closed back and front.
- D. Seasonal Clothing – All sweaters/jackets must have sleeves and be waist length. They shall have NO HOODS and shall completely zip or button on front. POLO uniform shirts must be worn under sweaters/jackets. Patches, symbols, writings, etc. which are vulgar or offensive will not be allowed. Words that advertise alcohol, cigarettes and drugs or promote gangs are prohibited.
- E. Jewelry – Earrings not to exceed the size of a quarter are permitted. Jewelry requiring body piercing is not permitted.
- F. IDs must be worn at all times on a collar or lanyard.
- G. Masks must be worn in accordance with LPSD policy.

\*Policy applies to students who may attend functions on a regular school campus.



Revised: March, 2010

## Caregiver Authorization Form

This form is intended to address the McKinney-Vento Homeless Assistance Act (P.L. 107-110) requirement that homeless children have access to education and other services for which they are eligible. The Caregiver Authorization Form is not required, nor is it a condition for enrollment; rather it serves to assist your district and/or schools in following federal requirements to authorize access to education and other services for which unaccompanied children/youth are eligible during the homelessness determination period.

### Instructions:

Complete this form for a child/youth presenting himself/herself for enrollment while not in the physical custody of a parent or guardian.

- To authorize the enrollment in school of a minor, complete items 1 through 4 and sign the form.
- To authorize the enrollment and school-related medical care of a minor, complete all items and sign the form.

I am 18 years of age or older and have agreed to fulfill the role of caregiver for the minor named below

1. Name of minor: \_\_\_\_\_

2. Minor's date of birth: \_\_\_\_\_

3. My name (adult giving authorization): \_\_\_\_\_

4. My home address: \_\_\_\_\_

5. Check one or both (for example, if one parent was advised and the other could not be located):

\_\_\_\_\_ I have advised the parent(s) or other person(s) having legal custody of the minor as to my Intent to authorize medical care and have received no objection.

\_\_\_\_\_ I am unable to contact the parent(s) or legal guardian(s) at this time to notify them of my intended authorization.

6. My date of birth: \_\_\_\_\_

7. My state driver's license or identification card number: \_\_\_\_\_

I declare under penalty of perjury under the laws of this state that the foregoing information is true and correct.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

NOTE: This form may be used to obtain information on the "Caregiver". It does not need to be notarized nor is it legally binding.





## Formulario para Autorizar al Cuidador

Este formulario es para cumplir con los requerimientos del Acto McKinney-Vento (P.L. 107-110) de Asistencia a las Personas sin Residencia Permanente, de manera que los niños sin hogar tengan acceso a educación y otros servicios para los que califican. El Formulario de Autorización del Cuidador no es un requisito ni una condición para la inscripción; en vez sirve para asistir a su distrito y/o escuelas a seguir los requerimientos federales para autorizar el acceso a educación y otros servicios para los cuales niños/jóvenes sin acompañamiento de un adulto son elegibles durante el período de determinación de sus circunstancias.

### Instrucciones:

Complete este formulario para cada niño/joven que se presente por sí mismo a inscribirse mientras no esté en custodia de uno de los padres o guardián.

- Para autorizar la inscripción en la escuela de un menor, complete los puntos de 1 a 4 y firme el formulario.

Para autorizar la inscripción y el cuidado médico escolar de un menor, complete todos los puntos y firme el formulario.

Tengo 18 años de edad y estoy de acuerdo en cumplir con el rol de cuidador del menor nombrado debajo:

1. Nombre del menor: \_\_\_\_\_
2. Fecha de nacimiento del menor: \_\_\_\_\_
3. Mi nombre (adulto dando autorización): \_\_\_\_\_
4. Mi domicilio: \_\_\_\_\_
5. Chequee uno o los dos ( por ejemplo, si uno de los padres no se ha podido localizar)

\_\_\_\_ He notificado al padre(s) u otra(s) persona(s) que tienen custodia legal del menor de mi intención de autorizar cuidado médico y no he recibido ninguna objeción.

\_\_\_\_ No he podido comunicarme con el padre(s) o guardián legal hasta ahora para notificarlos de mi intención.

6. Mi fecha de nacimiento \_\_\_\_\_
7. Mi número de tarjeta de identificación o licencia de manejar \_\_\_\_\_

Declaro bajo pena de perjurio de acuerdo a las leyes de este estado que la información presentada es verdad y es correcta.

Firma \_\_\_\_\_ Fecha: \_\_\_\_\_

NOTA: Este formulario puede ser utilizado para obtener información sobre el "Cuidador". No necesita ser notariado y no es un contrato legal.





## STUDENT DATA SHEET

STUDENT NUMBER

DATE ADDED

STUDENT LAST NAME

STUDENT FIRST NAME

STUDENT MIDDLE NAME

STUDENT SOCIAL SECURITY No.

SELECT ONE OR MORE OF THE FOLLOWING RACIAL GROUPS:

☐  
☐  
☐

AMERICAN INDIAN OR ALASKA NATIVE  
ASIAN  
BLACK OR AFRICAN AMERICAN

☐  
☐

NATIVE HAWAIIAN OR OTHER PACIFIC  
WHITE

☐  
☐

HISPANIC OR LATINO OR SPANISH ORIGIN  
NOT HISPANIC OR LATINO OR SPANISH ORIGIN

LAST SCHOOL ATTENDED

SCHOOL ADDRESS (STREET OR P.O. BOX)

CITY/STATE/ZIP

Select Current Grade Level:

☐ P ☐ K ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ 6 ☐ 7 ☐ 8 ☐ 9 ☐ 10 ☐ 11 ☐ 12

IF CHILD IS ENROLLING IN KINDERGARTEN, PLEASE SELECT ONE OF THE FOLLOWING, BEFORE KINDERGARTEN MY CHILD ATTENDED:

☐  
☐  
☐  
☐

PUBLIC SCHOOL PRE-KINDERGARTEN PROGRAM (LA 4; 8(G); TITLE I; SP. ED., ETC.)  
NON-PUBLIC SCHOOL PROGRAM (PRIVATE SCHOOL)  
CHILD CARE (LICENSED DAY CARE CENTER)  
FAMILY DAY CARE HOME PROGRAM

☐  
☐  
☐

HEAD START  
TRIBAL SCHOOL  
NONE (KEPT HOME)

SEX: ☐ MALE ☐ FEMALE ☐ OTHER: \_\_\_\_\_

ENROLLED IN TITLE I READING? ☐ YES ☐ NO

ENROLLED IN SPECIAL EDUCATION? ☐ YES ☐ NO

CLASSIFICATION AND SERVICES PROVIDED: \_\_\_\_\_

BIRTHDATE

MONTH \_\_\_\_\_ DATE: \_\_\_\_\_ YEAR: \_\_\_\_\_

PLACE OF BIRTH

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ COUNTRY: \_\_\_\_\_

BIRTH CERTIFICATE NUMBER: \_\_\_\_\_

FIRST ENTRY DATE TO U.S.A. \_\_\_\_\_

CHILD LIVES WITH (SELECT ONE)

☐

BOTH PARENTS

☐

FATHER ONLY

☐

MOTHER ONLY

☐

NEITHER

IF NEITHER, WITH WHOM  
DOES THE CHILD LIVE?

LAST NAME:

FIRST NAME:

RELATIONSHIP:

MAILING ADDRESS:

NUMBER/STREET OR P.O. BOX

CITY

STATE

ZIP CODE

HOME ADDRESS:

NUMBER/STREET OR P.O. BOX

CITY

STATE

ZIP CODE

IF DIFFERENT FROM ABOVE, CHILD WILL BE PICKED UP AT:

CHILD WILL BE RETURNED TO:

Name of Family Doctor:

Doctor's Phone Number:

Emergency Phone Number:

Physical disabilities and/or Allergies? ☐ Yes ☐ No

Date of Last DPT Immunization: \_\_\_\_\_

IF YES, PLEASE EXPLAIN:



**DATA OF FATHER:**      **GUARDIAN** ☐ **Yes**    ☐ **No**

LAST NAME:	FIRST NAME:	MIDDLE NAME:	LIVING <input type="checkbox"/> YES <input type="checkbox"/> NO
ADDRESS (If different from child's) NUMBER/STREET OR P.O. BOX	CITY	STATE	ZIP CODE
MOBILE PHONE NUMBER: (     )       -	WORK PHONE NUMBER: (     )       -	EMAIL ADDRESS:	

HIGHEST GRADE LEVEL COMPLETED BY FATHER:

☐ 1-5    ☐ 6-8    ☐ 9    ☐ 10    ☐ 11    ☐ 12    ☐ 13    ☐ 14    ☐ 15    ☐ 16    ☐ 16+

Occupation:       Employer:

**DATA OF MOTHER:**      **GUARDIAN** ☐ **Yes**    ☐ **No**

LAST NAME:	FIRST NAME:	MIDDLE NAME:	LIVING <input type="checkbox"/> YES <input type="checkbox"/> NO
ADDRESS (If different from child's) NUMBER/STREET OR P.O. BOX	CITY	STATE	ZIP CODE
MOBILE PHONE NUMBER: (     )       -	WORK PHONE NUMBER: (     )       -	EMAIL ADDRESS:	

HIGHEST GRADE LEVEL COMPLETED BY MOTHER:

☐ 1-5    ☐ 6-8    ☐ 9    ☐ 10    ☐ 11    ☐ 12    ☐ 13    ☐ 14    ☐ 15    ☐ 16    ☐ 16+

Occupation:       Employer:

NUMBER OF CHILDREN IN THE FAMILY:

SINGLE PARENT FAMILY? ☐ YES    ☐ NO

SIBLINGS UNDER 19 YEARS OF AGE:

	NAME	DATE OF BIRTH	PLACE OF BIRTH	SEX	SCHOOL	GRADE
1				<input type="checkbox"/> MALE <input type="checkbox"/> FEMALE		
2				<input type="checkbox"/> MALE <input type="checkbox"/> FEMALE		
3				<input type="checkbox"/> MALE <input type="checkbox"/> FEMALE		
4				<input type="checkbox"/> MALE <input type="checkbox"/> FEMALE		
5				<input type="checkbox"/> MALE <input type="checkbox"/> FEMALE		
6				<input type="checkbox"/> MALE <input type="checkbox"/> FEMALE		
7				<input type="checkbox"/> MALE <input type="checkbox"/> FEMALE		
8				<input type="checkbox"/> MALE <input type="checkbox"/> FEMALE		
9				<input type="checkbox"/> MALE <input type="checkbox"/> FEMALE		

PARENT/GUARDIAN PRINT NAME

PARENT/GUARDIAN'S SIGNATURE

DATE



## ACCEPTABLE USE FOR INTERNET AND ELECTRONIC MAIL – PUPILS

*(adopted from Lafourche Parish Schools Parent & Student Handbook)*

### VIRTUAL ACADEMY OF LAFOURCHE

VAL shall provide Internet services to its students. VAL's Internet system has a limited education and curriculum related purpose. VAL's Internet system has not been established as a public access service or a public forum. VAL has the right to place restrictions on its use to assure that use of VAL's Internet system is in accord with its limited educational purpose. Student use of VAL's computers, network, and Internet services will be governed by this policy, the related administrative guidelines, and the Student Code of Conduct. Users have no privacy expectation in the content of their personal files and records of their online activity while on the Network. The instructional use of the Internet will be guided by VAL's policy on instructional materials.

VAL has implemented technology protection, utilizing software and hardware measures which monitor, block, and filter Internet access to visual displays that are obscene, pornographic, or harmful to minors. Nevertheless, parents/guardians are advised that a determined user may be able to gain access to services on the Internet that VAL has not authorized for educational purposes. It is impossible to guarantee students will not gain access through the Internet to information and communications that they and/or their parents/guardians may find in appropriate, offensive, objectionable, or controversial.

VAL expects that professional staff members will provide guidance and instruction to students in an appropriate use of the Internet, and will monitor students' online activities while at school.

#### Usage Requirements

1. Students shall maintain good behavior on school computer networks just as they are in a classroom or a school hallway. General school rules for behavior and communications apply. Students shall be aware that files stored on personal/VAL's equipment will be reviewed periodically and shall not have an expectation of privacy. Communications on the network are often public in nature; therefore network administrators, teachers, and other appropriate staff will review student files and student communications from time to time to prevent misuse and to ensure students are using the system responsibly and in compliance with laws and VAL policies.
2. Students shall maintain an environment conducive to learning when using computers.
3. The following examples of uses of school- provided technology and/or Internet access are not permitted on the part of VAL students. **Violation of the following or any form of inappropriate use may result in the student being dismissed from VAL.**
  - a. Accessing, uploading, downloading, or distributing pornographic, obscene, sexually explicit, violent, gambling related, hate oriented, occult, or any materials that are forbidden by the Children's Code of Louisiana
  - b. Transmitting abusive or threatening language; which includes cyberbullying, harassing, insulting, attacking others, and/or posting anonymous messages
  - c. Accessing chat rooms, instant message services, email and undirected web surfing, etc. which has not been assigned and/or approved by the school staff and/or administration
  - d. Accessing another individual's materials, information, or files without permission
  - e. Violating copyright or otherwise using the intellectual property of another individual or organization without permission
  - f. Using other's password
  - g. Vandalizing, defined as any unauthorized access and/or malicious attempt to damage computer hardware/software or networks or destroying the data of another user, including creating, uploading, or intentionally introducing viruses
  - h. Intentionally wasting limited resources
  - i. Using the network for commercial private purposes



- j. Accessing electronic commerce sites and/or electronic purchasing
  - k. Giving out personal information about others on-line, such as full name, home address, phone number, etc.
  - l. Gaining unauthorized access to resources or entities
  - m. Using anonymous proxies to bypass content filters or firewalls
  - n. Invading the privacy of individuals
  - o. Altering the set-up of computers as set by the system administrator
  - p. Using software which has not been assigned or approved by staff
  - q. Hosting personal web pages on personal/VAL's equipment unless assigned by school staff
  - r. Seeking to gain or gaining unauthorized access to information resources or other computing devices
  - s. Disrupting the education process at VAL
  - t. Endangering the health and safety of any student or anyone else
  - u. Involving in illegal or prohibited conduct of any kind
  - v. Violating any local, state, or federal statute
4. Any student identified as a security risk in the opinion of the director or his or her designee or having a documented history of problems with other computer system may be denied access.
  5. All students shall immediately report any objectionable information inadvertently accessed. Failure to do so may result in disciplinary sanctions.

#### **Student Use of Personal Electronic Communication Devices (ECDs)**

The use of ECDs includes, but is not limited to, laptops, smart phones, and cell phones.

These devices may not be used as per Item 4 under usage requirements.

Students will be permitted to use ECDs on school premises and at school-sponsored activities under the following conditions:

1. Each site shall establish appropriate policies and guidelines for time and place for usage of personal devices. Phones should not be visible upon entering the classroom and should not interfere with students arriving to class on time.
2. ECDs may be used in classrooms for educational purposes at the discretion of the classroom teacher. Potential applications include calendars, calculators, clocks, GPS devices, maps, voice recorders, and research tools.
3. Students who bring ECDs to school are responsible for keeping them turned off/silenced and stored out of sight during all classes.
4. Photography or videography or to receive or transport images is prohibited at all times in locker rooms, restrooms, and other similar private areas.
5. Students are responsible for using the ECDs in a safe and secure manner ensuring use does not create a safety hazard for themselves or others.
6. All personal devices and equipment are brought into the school at the student's own risk. VAL is not responsible for loss, theft, or damages of personal equipment.
7. Charging of personal devices is limited on school campus.
8. Students agree that, while within the school campus, they will access the Internet only via VAL-provided Wi-Fi, and not via any cellular (3g, 4g, LTE) services or other Internet Wi-Fi.
9. Students are not allowed to play unauthorized applications including, but not limited to augmented reality applications, while on school property.

Students in violation of this policy shall be subject to disciplinary action in accordance with VAL's established procedures, as well as assessment of the cost of damage to hardware/software where applicable. Students and parents shall be informed of this policy and related consequences for inappropriate ECD use annually.



## Google Apps for Education

### Student Expectations for Acceptable Use:

In addition to VAL's existing policies pertaining to student computer and technology use, parents and students shall agree to the following regarding the use of Google Apps for Education as a prerequisite for such use.

The following are the Educational Objectives of Google Apps for Education:

- Group project sharing for classroom assignments
- Digital assignment turn-in of class assignments
- Online disk storage for school work-related assignments

VAL educators make every reasonable effort to monitor student conduct related to class content in order to maintain a positive learning community. All Google Apps participants will respect the teachers' time and professionalism by supporting the same positive approach.

All Google Apps participants will be respectful in their postings and comments. Inappropriate language, personal insults, profanity, spam, racist, sexist or discriminatory remarks, cyber bullying or other threatening comments will be not be tolerated.

All Google Apps user files and e-mail communications are subject to review by administrative staff; the use of this service is for class-related projects and assignments. As such, users should avoid use for non-school related purposes; as a monitored service, there should be no expectation of privacy. No student, or other participant, may include any information on the site that could compromise the safety of himself/herself or other class members. Participants should avoid specific comments about school location, schedules or personal information.

All Google Apps users must protect their log-in and password information and class passwords (if any). If participants suspect that a password has been compromised, they must notify the teacher immediately. No Google Apps participant may share his/her log-in information or protected information about the site with anyone who is not an authorized participant. Digital plagiarism of another users' work is unacceptable.

Student use must follow all other expectations as listed in the Virtual Academy of Lafourche Parent & Student Handbook. Failure of students to follow these guidelines may result in disciplinary action and/or termination of this service.



### **Virtual Academy of Lafourche Internet/Electronic Mail Use Agreement**

I have read and I understand and agree to abide by the above Internet Use/E-mail Agreement. I further understand that any violation of the regulations above is unethical and may constitute a criminal offense. Should I commit any violation, my access privileges may be revoked, school disciplinary action may be taken, and/or appropriate legal action may be pursued by school officials or civil authorities.

Student's Name (please print):	Signature:	Date:
--------------------------------	------------	-------

As a parent or guardian of this student, I have read, and I understand and agree to abide by the Internet/E-mail Use Agreement. I understand that this access is designed for educational purposes. Virtual Academy of Lafourche has taken precautions to eliminate controversial material. However, I also recognize it is impossible for VAL to restrict access to all controversial materials and I will not hold them responsible for materials acquired on the network. Further, I accept full responsibility for supervision when my child's internet use is not in a school setting. I hereby give permission to issue an account for my child and certify that information contained on this form is correct.

Parent/Guardian's Name (please print):	Signature:	Date:
--	------------	-------

As the sponsoring teacher for this student, I have read, and I understand the Internet/E-mail Use Agreement and agree to promote this agreement with the student. Because the student may use the network for individual work or in the context of another class, I cannot be held responsible for the student's use of the network. As the sponsoring teacher, I do agree to instruct the student on acceptable use of the network and proper network etiquette and school regulations.

Teacher's Name (please print):	Signature:	Date:
--------------------------------	------------	-------

### **Virtual Academy of Lafourche Computer Network User Policy**

Internet access is available to students and teachers at all Virtual Academy of Lafourche sites. We are pleased to bring safe, appropriate access to VAL, and we believe that the Internet offers vast, diverse, and unique resources to both teachers and students. Students are responsible for good behavior on school computer networks just as they are in a classroom or school hallway. Any student who wishes to use VAL's Computer Network, including the Internet/E-mail must agree to follow the Virtual Academy of Lafourche Acceptable Use Policy and must first complete the Internet/E-mail User Agreement and Parent Permission Form before individual access is allowed.

Violations may result in loss of access as well as other disciplinary or legal action.



## Virtual Academy of Lafourche Electronic Mail (EMAIL) Address Assignment and Usage Policy

One of the greatest challenges that face online schools is communication. Communication between students, staff, teachers and parents can be difficult when the main mode of operation of the school is the internet. In order to meet this challenge, the following action plan will be implemented:

1. All staff and teachers associated with and/or that have any contact with Virtual Academy of Lafourche students:
  - a. will be assigned a “valcharter.org” email address
  - b. are to check their VAL email daily
  - c. are to open and review all emails sent from the VAL administration upon arrival of the email
2. All Virtual Academy of Lafourche students:
  - a. will be assigned a “valcharter.org” email address
  - b. are to check their VAL email daily
  - c. are **not** to use VAL email accounts for personal use
3. All valcharter.org email address are for current students, faculty, and staff; and will be suspended upon withdrawal, dismissal, graduation, termination, etc.
4. If you have any questions regarding email addresses, contact Misty Walker, (9-12) at [mwalker@valcharter.org](mailto:mwalker@valcharter.org) or Tesha Adams (K-8) at [tadams@valcharter.org](mailto:tadams@valcharter.org)

I acknowledge that I read and understand the above usage policy:

Student's Name (please print):	Signature:	Date:
--------------------------------	------------	-------