

Sickles High School
FLVS/HVS Agreement Form

As the parent or legal guardian of _____, I elect to have my child complete the following courses through a non-traditional scheduling method. Please list the course(s) your child will be taking via Florida Virtual School or Hillsborough Virtual School:

Course title

Course title

Please register for your online course(s) before you submit this form.

Students actively taking a virtual class may take a virtual (free) period at Sickles. If the student is taking a virtual period at Sickles, the following requirements apply:

Students...

- Cannot be on campus during their virtual period
- Must provide their own transportation on or off campus
- Schedule must allow for virtual period(s), period 5, 6, or 7.

Recommended:

- If possible, students should take the Hillsborough Virtual version of their online class (although students may choose the FLVS version).

I have reviewed both sides of this form and understand the steps and procedures for taking an online class. I also understand that I must take an online class for graduation requirements.

Signatures:

Parent/Guardian: _____ Date: _____

Student: _____ Date: _____