

Emergency Phone: _____ Alternate Phone: _____

Student's Email Address: _____

Parent/Guardian Email Address: _____

Student Status:

Please indicate what your intended student status is with Wesley College Preparatory School's Virtual Academy by checking the appropriate boxes.

- Part-time (I only want to take 1-4 courses and continue my normal studies at my home school)
 - Summer School Session
 - Winter Break Session
 - During the School Year

- Full-time (I want to complete a full semester or more and be a Wesley College Preparatory School Student)
 - Fall Semester
 - Spring Semester
 - Full Year Program (leads to junior high and/or high school diploma)

Please note that full-time students will need to complete the full admissions process. A member of the admissions team will contact you shortly after completing and sending in this form.

Part-time Students Only:

What course(s) do you wish to complete with the WCPS Virtual Academy?

What school do you wish your transcripts to be mailed to?

School Name: _____

School Address: _____

Street Address

City

State

Zip Code

Upon completion of the form, please return it to Wesley College Preparatory School main office or email to: info@wesleycollegeprep.org