2015

New Virtual Intent

Kansas State Department of Education

Submit: **Sign and email to jnoble@ksde.org OR fax to 785-296-7933**

Due Date: *February 20, 2015*

USD/Service Center Number : _____

USD/Service Center Name: _____

Street Address: _____

City: _____ KS Zip _____

Anticipated Year to open

_____ *2015-2016*

Contact Information

Contact Name: _____

Position Title: _____

Contact Phone: _____

Contact Email: _____

Indicate How the Virtual will Operate

School

(requires a building number specific to the school)

_____ School

OR

Program

(requires a connection to one or more buildings within the district, the district office or a service center)

_____ Multiple Buildings Program (or district office)

_____ Single Building Program

_____ Service Center Program

Indicate Services Offered

Select all that apply

_____ General Education

_____ Advanced Courses

_____ Credit Recovery

Indicate Grades Levels

Select all that apply

_____ K _____ 1 _____ 2 _____ 3
_____ 4 _____ 5 _____ 6 _____ 7
_____ 8 _____ 9 _____ 10 _____ 11
_____ 12 _____ Adults