



# Fort Recovery Local Schools VIRTUAL ACADEMY

## STUDENT INTENT FORM

- Yes, I am interested in online instruction through the Fort Recovery Virtual Academy for the 2020-2021 academic year.

**\*\* Please include all school aged family members who would be online participants on this one form.\*\***

	Student First Name	M.I.	Student Last Name	Grade Level for 2020-2021
1				
2				
3				
4				

- Check only if transferring from another Ohio School District

*Please return this form to:*

**Fort Recovery Local Schools Board Office  
P.O. Box 604  
Fort Recovery, OH 45846**

Or Scan and Email to: [brownl@fortrecoveryschools.org](mailto:brownl@fortrecoveryschools.org)

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**\*\*\* OFFICE USE ONLY \*\*\***

Distribution to:

- School Building Office    School Counselor    Virtual Academy Coordinator    Emis Coordinator

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

Initials: \_\_\_\_\_