

Download, Print and Sign. Take to your Guidance Counselor when requesting to enroll in a Virtual course.



Greenville County Virtual School Program Parent Permission for Enrollment

Student Information: Please PRINT in Black Ink

_____ LAST Name		_____ FIRST Name		_____ MI
_____ Street Address		_____ City	_____ State/Zip Code	
_____ Date of Birth	_____ Home Phone Number	_____ Alternate Phone Number	_____ SUNS Number (counselor)	
@greenvilleschools.us GCS Student Email Address		_____ Alternate email		
_____ Current Grade	_____ Home Based School	_____ IEP/504? (Yes/No)	_____ If Yes, date of last IEP/504 meeting	
_____ Student Signature			_____ Date	

Course Request	Check One: GCVSP _____ or VirtualSC _____
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Start Date: Term (circle) Fall Spring Summer School Year: 20__ - 20__

Course 1 Title _____
Course 2 Title _____

Authorization for School Messaging/Phone Calls:
I authorize the Greenville County School District and my child's school to contact me for non-emergency issues regarding my child by live or pre-recorded voice or text message to my cell phone or wireless device. (Ex: details regarding Online Final Exams)

Student Signature

Parent Signature

Parent Information

_____ Parent/Guardian LAST Name		_____ Parent/Guardian FIRST Name		_____ MI
_____ Street Address		_____ City	_____ State/Zip Code	
_____ Home Phone Number		_____ Alternate Phone Number		
_____ Email Address				
_____ Parent/Guardian Signature			_____ Date	