

FOR NUVHS USE ONLY



**APPLICATION FOR ADMISSION**

Student Number: \_\_\_\_\_

11355 North Torrey Pines Road, La Jolla, CA 92037 • 866.366.8847 • Fax 858.642.8750

**STUDENT INFORMATION – It is the parent/guardian’s responsibility to inform NUVHS of any changes.**

Name in full						Social Security Number	
Last		First		Middle		Jr.	
Home Address						( )	
Street			City			State Zip	
Home Phone							
Sex (Circle)	Date of Birth		Place of Birth		Citizenship - Country		
M F	mo.	day	year	City	State	Zip	
Your Nickname (if any)			E-mail Address (Required)			Test Scores (if applicable)	
Current High School Name City State From - To						SAT _____ Date _____ ACT _____ Date _____	
Ethnic Origin (Voluntary Information) <input type="checkbox"/> Black Non-Hispanic <input type="checkbox"/> Asian/Pacific Islander <input type="checkbox"/> American Indian/Alaskan Native <input type="checkbox"/> Hispanic <input type="checkbox"/> White Non-Hispanic							
Country of Birth:				If Country of Birth is other than U.S., give year of arrival:			
U.S. Citizenship <input type="checkbox"/> Yes <input type="checkbox"/> No						If not U.S. Citizen, indicate status: <input type="checkbox"/> Immigrant <input type="checkbox"/> Non-immigrant	
						Alien Number:	
Is student’s father, mother, or guardian an active member of the armed services? <input type="checkbox"/> Yes <input type="checkbox"/> No							
If yes, enter branch or service and member’s rank:		Father		Mother		Guardian	
How did you hear about National University Virtual High School?							
<input type="checkbox"/> Website <input type="checkbox"/> Print <input type="checkbox"/> Radio <input type="checkbox"/> E-mail <input type="checkbox"/> Television <input type="checkbox"/> Referred by _____ <input type="checkbox"/> NU Affiliate _____ <input type="checkbox"/> Other _____							

**PARENT/GUARDIAN INFORMATION – It is the parent/guardian’s responsibility to inform NUVHS of any changes.**

<b>FIRST</b>	Mr. Mrs. Dr.		Name in full						
	Miss Ms. Other		Last		First		Relationship		
			Employer’s Name						
	Home Address (if different from student’s)						( )		
						Home Phone			
E-mail (Required)						( )			
Custody of Student: <input type="checkbox"/> Yes <input type="checkbox"/> No				Student lives with Contact: <input type="checkbox"/> Yes <input type="checkbox"/> No				Work Phone	
<b>SECOND</b>	Mr. Mrs. Dr.		Name in full						
	Miss Ms. Other		Last		First		Relationship		
			Employer’s Name						
	Home Address (if different from student’s)						( )		
						Home Phone			
E-mail (Strongly Recommended)						( )			
Custody of Student: <input type="checkbox"/> Yes <input type="checkbox"/> No				Student lives with Contact: <input type="checkbox"/> Yes <input type="checkbox"/> No				Work Phone	

**REGISTRATION INFORMATION**

Term or Session applied for _____	Class(es) applied for _____
Month Day Year	
Grade level _____	Format Requested: <input type="checkbox"/> Guided Study <input type="checkbox"/> AP

**Submission of current Individualized Education Plan (IEP) if applicable prior to enrollment:**  Attached  Not Applicable

I certify that the information provided in this application is accurate and complete. If I am accepted as a student, I agree to abide by NUVHS policies.

Student Signature: X \_\_\_\_\_ Date \_\_\_\_\_

Parent Signature: X \_\_\_\_\_ Date \_\_\_\_\_

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NATIONAL UNIVERSITY  
VIRTUAL HIGH SCHOOL

**DOCUMENT RECORD**

Student Number: \_\_\_\_\_

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Name: \_\_\_\_\_  
Last First Middle

**EDUCATIONAL INFORMATION – It is the parent/guardian’s responsibility to inform NUVHS of any changes.**

<b>ELEMENTARY</b>	Grade School Name(s)	Location	Grades Completed	Years of Attendance

<b>MIDDLE</b>	Middle School Name(s)	Location	Grades Completed	Years of Attendance

<b>HIGH</b>	High School Name(s)	Location	Grades Completed	Years of Attendance

**FOR PARENT/GUARDIAN TO COMPLETE**

If you wish to receive mail at other than your current home address, please complete the following:

Name: \_\_\_\_\_  
Street: \_\_\_\_\_  
City / State / Zip: \_\_\_\_\_

**FULLTIME STUDENT ENROLLMENT ONLY**

*For Students Enrolling Fulltime to NUVHS:*

I understand that my enrollment into NUVHS may be temporarily halted if the following documents are not received by NUVHS:

- Document Record       Release of Official Transcript (Full-time students)       Enrollment Agreement
- Immunization Record       Course Transferability Verification (Part-time students)       Student/Parent/School Compact

**STATEMENT OF ACKNOWLEDGEMENT**

In signing below, I acknowledge that my parent/guardian(s) and I have read and agreed to the policies stated in the:

\_\_\_\_ NUVHS Enrollment Agreement

\_\_\_\_ NUVHS Student/Parent Compact

I also acknowledge that the Student/Parent Handbook will serve as official policy for all NUVHS students and that I may be subject to dismissal from NUVHS if the stated policies are disregarded.

Student Signature:        X   \_\_\_\_\_ Date: \_\_\_\_\_

Parent/Guardian Signature:        X   \_\_\_\_\_ Date: \_\_\_\_\_





Student Number: \_\_\_\_\_

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Congratulations on your decision to become a student at National University Virtual High School (NUVHS).

For the purposes of this document, “responsible party” can be defined as a student’s parent/guardian **OR** a student who has reached the age of 18 or has been emancipated. By signing this agreement, the responsible party agrees to the following terms.

**Tuition and Fees.** A one-time, non-refundable \$60 application fee is due at the time of application. The responsible party agrees to pay NUVHS tuition and fees for each course in which the student enrolls at the amount being charged. NUVHS has the right to change tuition and fees at any time. The full amount of tuition is due and must be paid before the class start date. Failure to pay tuition when it is due will incur a \$25.00 late charge. The responsible party agrees that a late charge of \$25.00 is a reasonable amount for NUVHS to charge for the expenses resulting from the failure to pay tuition when due. Each tuition payment received from the responsible party will be applied to the oldest tuition obligation.

**Attendance.** Due to the accelerated format of NUVHS courses, students are expected to spend a minimum of 12 – 15 hours per week working on each online course. This time includes any required reading, website visits, participation in discussions and chats, and quizzes/exams. Students who do not consistently login and participate in their online courses risk jeopardizing their chances of success in this accelerated online format.

**Course Refund.** Refund calculations are based on the date and time the responsible party informs NUVHS Student Services Department of the student’s intent to drop his/her course. All drop requests must be made through email, fax, or over the telephone. Students who wish to withdraw from a course after the class has begun are entitled to the following refund schedule:

NUVHS will provide a full tuition refund if the responsible party makes the drop request no later than 5:00 p.m. Pacific Standard Time on the seventh calendar day from the class start date. Students who drop on or before this date will not receive a mark for the course on their transcript. Responsible parties who inform NUVHS of the student’s intent to drop after the seventh day of class will be ineligible for a tuition refund and the student will receive a ‘W’ (withdraw) on his/her NUVHS transcript. The NUVHS counselor, administrative staff, and instructors are available to assist students and their parent/guardian in exploring alternatives that may allow the student to successfully complete the course in lieu of withdrawing.

NUVHS will mail the tuition refund approximately 30 working days from the date the request is received. No refund will be made unless there is a credit balance with NUVHS. The admission fee charged by NUVHS is non-refundable.

**Collection Costs.** If tuition and fees are not paid as required by this agreement, NUVHS may incur collection costs. All collection costs, including reasonable attorney fees and court costs, will be paid by the responsible party.

**Official Enrollment.** Official enrollment in a class requires registration with NUVHS. Instructors are not authorized to issue grades to non-registered students or to allow non-registered students to attend a class. If a student enrolls into a course that he/she is unable to attend, the responsible party agrees to notify NUVHS Student Services Department as soon as possible so that the course can be dropped.



Student Number: \_\_\_\_\_



Educational responsibility must be assumed by the entire school community including the school, the students, and the parents/guardians. Through working together as a team, we create a supportive environment that fosters achievement in the classroom and beyond. With motivation and determination, students can produce exceptional work. To strengthen this commitment, we ask that you carefully read through this compact; it outlines the responsibilities of each party. Your signatures verify your commitment to support this educational pursuit.

Student Name: \_\_\_\_\_ Date: \_\_\_\_\_

Student Agrees to:	Parent/Guardian Agrees to:	School Agrees to:
<p>Help create and maintain an online school environment which promotes the success and respect of others and oneself.</p> <p>Produce high quality work that meets or exceeds course standards.</p> <p>Dedicate the necessary time (approximately 12-15 hours per week) to complete assigned work and participate in chat sessions and threaded discussions.</p> <p>Complete all assignments, quizzes and tests with academic integrity.</p> <p>Read and agree to the policies stated within the National University Virtual High School Student/Parent Handbook.</p> <p>Acknowledge that this document serves as official policy for all NUVHS students. The student may be subject to dismissal if the above policies are disregarded.</p>	<p>Uphold his/her student to a level of academic integrity that exemplifies honesty and compassion for themselves and their fellow classmates.</p> <p>Ensure that his/her student will maintain proper usage of online resources when operating on the NUVHS academic network.</p> <p>Communicate regularly with NUVHS about concerns or ideas for the student and his/her progress.</p> <p>Communicate the value of education by providing home support and by closely monitoring academic activities and progress.</p> <p>Read and agree to the policies stated within the National University Virtual High School Student/Parent Handbook.</p> <p>Acknowledge that this document serves as official policy for all NUVHS students. The student may be subject to dismissal if the above policies are disregarded.</p>	<p>Provide a respectful, safe, and supportive online high school experience.</p> <p>Provide an interactive, media rich and high quality online education which is standards based and emphasizes project-based learning.</p> <p>Provide certified instructors who will motivate their students to engage in all aspects of an interactive online learning environment.</p> <p>Supply students with tools to help them identify their personal learning style and several systems of support, including technical support, online library resources, student and counseling services, and E-mentors.</p> <p>Provide student and counseling services for students and parents/guardians regarding both the social and academic aspects of online high school courses.</p> <p>Notify students and parents/guardians of any changes made to the handbook and official NUVHS policies.</p>

\_\_\_\_\_  
Student Signature\_\_\_\_\_  
Parent/Guardian Signature\_\_\_\_\_  
NUVHS Representative

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VIRTUAL HIGH SCHOOL

RELEASE OF OFFICIAL TRANSCRIPT

Student Number: \_\_\_\_\_

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To Whom It May Concern:

I have applied for admission to National University Virtual High School (NUVHS) and I hereby authorize you to furnish them with an official transcript of my academic record while I was a student at your institution. Please mail my transcript to:

National University Virtual High School  
Attn: Student Services Dept.  
11355 North Torrey Pines Road  
La Jolla, CA 92037-1011

A photocopy of this authorization will be as valid as the original, even though the photocopy does not include an original signature. This authorization is valid from one year from the date below.

Student Name: \_\_\_\_\_  
Last First Middle

Student Signature:  X  \_\_\_\_\_

Parent/Guardian Signature:  X  \_\_\_\_\_

Address: \_\_\_\_\_  
Street No. Apt.  
\_\_\_\_\_  
City State Zip

Student Social Security Number: \_\_\_\_\_

Telephone: \_\_\_\_\_ Secondary Telephone: \_\_\_\_\_  
(Area Code) Number (Area Code) Number

**Students/Parents: Please enter the name and address of the school issuing the transcript below.**

School Issuing Transcript: \_\_\_\_\_

Address: \_\_\_\_\_  
Street No.  
\_\_\_\_\_  
City State Zip

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