



Medical Waiver Baldwin County Virtual Schools

1. Doctors letter with explanation of severity of situation and request for virtual school
2. Parent letter with details as to need.
3. Form completed and returned to bcvs@bcbe.org

Student Information

Last Name: _____ First Name: _____ MI: _____

Fall 2020 Grade Level: _____

Current School Name: _____

Email: _____

Phone: _____

Parent Information

Last Name: _____ First Name: _____

Email: _____

Phone: _____

Student Questions

1. Why are you interested in attending a virtual school?

2. Virtual learning, as opposed to traditional classroom learning, requires self-organization, self-discipline, and self-motivation. Describe your plan for becoming a successful distance learner. (Items to address may include: Daily schedule, academic assistance, studies habits, learning strategies, social interaction, transportation to test sites, etc.)