



Medical Waiver
Baldwin County Virtual Elementary/Middle School

1. Doctor's letter with explanation of severity of situation and request for virtual school
2. Completed Medical Waiver form
3. Fill out application online and attach both documents

Student Information

Last Name: _____ First Name: _____ MI: _____

Current Grade Level: _____

Current School Name: _____

Parent Information

Last Name: _____ First Name: _____

Email: _____

Phone: _____

Student Questions

1. Why are you interested in virtual school?

2. Virtual learning requires self-organization, self-motivation, and self-discipline. Describe your plan for becoming a successful learner at home. (Items to think about: daily schedule, academic assistance, study habits, learning space, etc.)