



Lawton Chiles Middle Academy

400 North Florida Avenue
Lakeland, Florida 33801

www.lcmaknightsonline.com

Phone: 863-499-2742
Fax: 863-499-2774

Brian Andrews, Principal

Angela Price, Assistant Principal

Notification of Registration for Online Class Florida Virtual School (FLVS) or Polk Virtual School (PVS)

Student Name: _____

ID Number: _____ Phone: _____

Counselor: _____

Course Requested: _____

High School Credit: Yes No

Semester(s) Requested (Select one): 1st 2nd Both

- *I certify that I have set up a student account and registered for this FLVS/PVS class on www.flvs.net.*
- *I understand that it is my responsibility to complete the requirements within the guidelines of FLVS/PVS.*
- *If I decide that I want to drop the course, it must be done within 14 calendar days from enrollment.*
- *After completing 8th grade, I understand that I must change my "Physical School" on FLVS from my current middle school to my zoned high school in order to ensure my final grade report is received by my high school.*
- *I understand that all courses taken online will be posted to my permanent record and transcript.*

Parent Signature: _____ Date: _____

Student Signature: _____ Date: _____

****This form must be signed and returned to the counselor prior to counselor approval.****

Guidance Use Only

Date form sent home with student: _____

Signed form returned to counselor: _____

Course approved online by counselor: _____

Counselor Signature: _____