



# Upper Peninsula Virtual Academy Handbook

The Upper Peninsula Virtual Academy (UPVA) will allow learners in grades K-12 to learn in an online community that fosters independence, critical thinking, creativity and problem solving skills. Our alternative learning environment will provide high quality standards-driven curriculum that will allow the students to learn anytime and anywhere.

## UPVA

Matthew Vertin, Director  
57070 Mine St.  
Calumet, MI 49913  
Email: [mvertin@clkschools.org](mailto:mvertin@clkschools.org)  
Phone: (906) 337- 0311 ext. 1217

### Application process:

Fill out and sign (learner and parent/guardian)

1. Application
2. Course Selection Form
3. Records Request Form
4. Schools of Choice Form
5. Online Course Readiness Survey (fill out only)

Read and Sign (learner and parent/guardian)

1. Student Agreement Form
2. Academic Benchmarks Document
3. Skyward Family Access Agreement Form

Read and Sign (parent/guardian)

1. Technology Equipment Form
2. Immunization Wavier

\* A copy of the learner's legal certified birth certificate and proof of residency/address is required and must be on file with UPVA.

Return all completed documents to the UPVA Director.

**UPPER PENINSULA VIRTUAL ACADEMY  
APPLICATION FORM**

Please complete this form and return it to the designated school official.

Enrollment Date: \_\_\_\_\_ Social Security Number: \_\_\_\_\_

Student's Full Name: \_\_\_\_\_ Grade: \_\_\_\_\_

Home Address: \_\_\_\_\_

City: \_\_\_\_\_ Zip: \_\_\_\_\_  Male  Female

County of Residence \_\_\_\_\_ Township of Residence \_\_\_\_\_

Birth Date: \_\_\_\_\_ Age: \_\_\_\_\_

Name of Parent(s)/Legal Guardian(s)	Relationship	Phone	Cell
_____	_____	_____	_____
_____	_____	_____	_____

Parent/Guardian Email: \_\_\_\_\_

Student Email: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Current Number of Credits: \_\_\_\_\_ Year of Graduation: \_\_\_\_\_  
(attach transcripts)

Last School Attended \_\_\_\_\_ Phone Number of School \_\_\_\_\_

School Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Why are you seeking a seat time waiver option? Check all that apply. *(Appropriate documentation may be required.)*

- |  |   |
|--|---|
| <input type="checkbox"/> Traditional Learner                   | <input type="checkbox"/> Home School Non-Essential Course Student                             |
| <input type="checkbox"/> Accelerated Learning                  | <input type="checkbox"/> Social/Emotional/Family Issues<br><i>Please specify:</i> _____       |
| <input type="checkbox"/> Pregnant or Teen Parent               | <input type="checkbox"/> Medical Situation<br><i>Please specify:</i> _____                    |
| <input type="checkbox"/> Expelled                              | <input type="checkbox"/> High Interest/Low Enrollment Courses<br><i>Please specify:</i> _____ |
| <input type="checkbox"/> Long Term Suspension                  |   |
| <input type="checkbox"/> Working Student                       |   |
| <input type="checkbox"/> Other<br><i>Please specify:</i> _____ |   |

**UPPER PENINSULA VIRTUAL ACADEMY  
APPLICATION FORM**

Do you have an IEP or 504 plan?     Yes     No

\_\_\_\_\_  
Student Signature

\_\_\_\_\_  
Parent/Guardian Signature

Date \_\_\_\_\_

**For Office Use Only:**

Verification of Identity: Yes \_\_\_\_\_ No \_\_\_\_\_

Immunization Record: Yes \_\_\_\_\_ No \_\_\_\_\_

Proof of Residency:    Yes: \_\_\_\_\_ No \_\_\_\_\_

**UPPER PENINSULA VIRTUAL ACADEMY  
COURSE SELECTION FORM**

Student Name \_\_\_\_\_

UPVA currently uses Odysseyware, Lincoln Interactive & Michigan Virtual University as course providers. Browse course catalogs here <http://www.upva.net>. Additional providers may be used upon approval of UPVA.

**COURSE(S) REQUESTED**

	Course Name	Credit (.5, 1)	Preferred Start Date

Learner Signature: \_\_\_\_\_

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

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

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

**UPVA Approval – Office Use Only**

- 
- Seat Time Waiver Student
  - Non-Seat Time Waiver Student
  - Course(s) Approved

Director Signature: \_\_\_\_\_

Principal Signature: \_\_\_\_\_

NOTES:



**SCHOOLS OF CHOICE PROGRAM**  
(Section 105 – State Aid Act)

*Need only to apply once unless you exit the district.*

School Year \_\_\_\_\_  
2<sup>nd</sup> Semester \_\_\_\_\_

**Student Application for the School Year 20\_\_\_\_\_ -20\_\_\_\_\_**

School District you wish to attend: \_\_\_\_\_

▪ **STUDENT INFORMATION:** (Please type or print)

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

Address: \_\_\_\_\_ Social Security #: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_ Phone #: \_\_\_\_\_

School District of Residence: \_\_\_\_\_ Last Grade Completed: \_\_\_\_\_

List any special services required by student, such as special education or transportation:  
(Please provide IEP if student currently has one in effect)

**HAVE YOU BEEN SUSPENDED OR EXPELLED FROM ANY DISTRICT WITHIN THE PAST TWO YEARS?**  
*Under Section 105--Schools of Choice--Districts are not required to accept students who have been expelled from another district or suspended within the past two years.*

YES: \_\_\_\_\_ NO: \_\_\_\_\_ If Yes, SCHOOL DISTRICT \_\_\_\_\_

▪ **PARENT/GUARDIAN INFORMATION:** (Please type or print)

Name of Parent/Guardian: \_\_\_\_\_

Address: \_\_\_\_\_ City/State/Zip: \_\_\_\_\_

Home Phone #: \_\_\_\_\_ Work Phone #: \_\_\_\_\_

▪ **NOTICE OF TRANSPORTATION:**

The district to which you are applying is not required to provide transportation. It is suggested that you contact that district to discuss all available transportation options.

▪ **ATHLETIC PROGRAM REQUIREMENTS:**

Students are required to follow the eligibility requirements of the Michigan High School Athletic Association (MHSAA) to which each member high school agreed when they joined the association. Students who transfer under the Schools of Choice program will be ineligible for interscholastic athletics for one full semester.

*It is the policy of all districts within the Copper Country Intermediate School District that no person on the basis of sex, race, color, religion, national origin or ancestry, age, height, marital status, limited English, or handicap shall be discriminated against, excluded from participation in, denied the benefits of, or otherwise be subjected to discrimination in any program, employment practice, or activity for which it is responsible or for which it receives financial assistance from the United States Department of Education or the Michigan State Department of Education.*

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

Student Signature (if over 18): \_\_\_\_\_ Date: \_\_\_\_\_

**UPPER PENINSULA VIRTUAL ACADEMY**  
**ONLINE COURSE READINESS SURVEY**

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

1. My technology access is best described as:
  - I have a computer at home with internet access and I have my own e-mail account.
  - I have regular access to a computer with internet access and I have my own e-mail account.
  - I do *not* have a computer or an e-mail address.
  
2. What type of Internet access do you have?
  - Dial Up
  - High Speed Cable
  - Other
  - None
  
3. My experience with Blackboard, Moodle, My Big Campus or other online LMS systems:
  - Have accessed several times
  - Have accessed before but I don't use it
  - Have never used it
  
4. My technology skills are best described as:
  - I can use e-mail, web browsers, word-processing software, and can download files, and create attachments. I like trying to solve technology problems on my own and don't get frustrated easily.
  - I can use e-mail, web browsers and word processing software. I don't feel comfortable solving technology problems on my own.
  - I have used e-mail, web browsers and word-processing software, but I get frustrated when things don't work the way they should.
  
5. Face-to-face communication is:
  - Not essential to me. I understand that quality learning can take place without face-to-face interaction.
  - Important to me and I wonder about my ability to learn without being able to see the instructor or other students.
  - Essential and I can't learn unless I can interact in person with the instructor and other students.
  
6. When I need help in class (or at home):
  - I feel comfortable asking questions and asking for help when I need it.
  - I hesitate to ask questions of the instructor, but I will ask for help if I need it.
  - I don't like to ask questions or ask for help.
  
7. The amount of uninterrupted time I have to devote to an online class is:
  - 15 hours or more per week, anytime during the day or night.
  - 10 – 15 hours per week, mainly at night.
  - Less than 10 hours per week.

8. I would describe my personal style as:
- Self-motivated, self-disciplined and organized.
  - Motivated, but I need help remembering assignments and due dates.
  - Pretty disorganized – I need someone to motivate me and help me stay on top of my coursework.
9. When it comes to procrastination:
- I rarely procrastinate.
  - I sometimes procrastinate, but I always get my work in on time.
  - I always procrastinate – I like to work under pressure.
10. My reading and writing abilities are:
- I enjoy reading and writing and have confidence in my abilities.
  - I read well but I'm not comfortable expressing myself in writing.
  - I don't like reading and look for classes without a lot of writing assignments.
11. My critical thinking skills are best described as:
- I can analyze class materials and formulate opinions on what I've learned.
  - I can sometimes analyze class materials and form opinions but it is a struggle for me.
  - Analyzing material is not something I do well.
12. Class discussions are:
- Important to me and useful in helping me learn the information presented in class. I almost always participate in class discussions.
  - Somewhat important to my learning. I sometimes participate in class discussions.
  - Not very useful to me. I don't usually participate in class discussions.
13. When it comes to learning:
- I welcome opportunities to learn new things and master new technologies.
  - I get nervous around technology, but I like to learn.
  - I get nervous around technology and would rather not use it.
14. I am considering taking an online course because:
- I've taken an online course before and enjoyed the experience.
  - I'm curious about online classes and have room in my schedule.
  - I need the class for a graduation requirement or job situation and I can't fit it in to my schedule.
15. I think an online class
- Will be a breeze and easy to complete.
  - May be difficult but I am capable of handling it.
  - Will be difficult for me and I will need a lot of help.
16. If I have problems with the course work or technology, I
- Always have someone who is available to help me.
  - Usually have someone available to help me.
  - Sometimes have someone to help me.
  - Never have someone to help me.

## UPPER PENINSULA VIRTUAL ACADEMY STUDENT AGREEMENT FORM

Enrollment in UPVA is conditional. All students enrolled in this program are required to agree to the following conditions of enrollment. Failure to comply with this agreement may result in being dropped from the program.

I, \_\_\_\_\_, do hereby agree to accept the terms and consequences set forth in this agreement. The terms are as follows:

### **Attendance and Commitment**

- I agree to be actively learning, as determined by the software pacing guides, in my online classes for a minimum of one hour per day per class.
- I agree to have 2-way communication with my mentor teacher on a weekly basis.
- I agree to log into at least one online course on each count day, and for ten (10) additional calendar days during the 30-calendar day window period.
- I agree to adhere to the course schedules, and understand that drops will be allowed as outlined by the online provider and the district.

### **Parent/Guardian Commitment**

- As a parent/guardian, I agree to monitor and support my child in his/her studies, agree to be accessible to the mentor to discuss my child's progress, and promote good attendance and time management for my child.

### **Acceptable Use Policy**

- I agree to participate in program activities in a positive manner and follow rules, including the student handbook and AUP, as set forth by program staff.
- I understand that anything I do in the course(s) can be retrieved and monitored by the teacher/mentor/coordinator at any time.

### **Tests/Exams**

- If full-time online, I agree to take grade appropriate state assessments as required. Arrangements will be made with my mentor to have a proctor for these tests/exams.

### **Technology**

- I acknowledge that I have been offered a computer and Internet access and/or already have ready access to a computer and Internet access.

### **Course Costs**

- UPVA will bear the cost of the online course while I am enrolled. Failure to meet the guidelines in this agreement will result in reimbursement to UPVA for the costs incurred.

## Transcript

- All final scores provided by the instructor will be converted to a letter grade as per the Public Schools of Calumet, Laurium, Keweenaw handbook and will be listed on my transcript. If I am a full-time student, the grade from my courses will be included in my cumulative grade point average (GPA).

## Cheating/Plagiarism

- I understand that cheating is considered a serious academic offense, and agree to abide by the following rules:
  - Examples of cheating include, but are not limited to:
    - Unauthorized sharing of test answers.
    - Unauthorized sharing of class assignments or homework.
    - Plagiarism.
      - *For the purpose of this offense, plagiarism is defined as: the unauthorized representation of another's work as one's own. In addition, any unethical practice which compromises the integrity or teacher's intent of an assignment, test or quiz such as (but not limited to) the use of unauthorized resources (calculator, teacher materials, textbooks, another learner's work, etc.) shall be deemed to be cheating or plagiarism.*
  - Disciplinary action for cheating/plagiarism is as follows:
    - First offense – Loss of grade for assignment, parent and administration informed.
    - Second offense – Loss of grade for assignment, suspension from class until a conference is held with parent and administration, and possible failure of course.
    - Third offense – Automatic failure/loss of credit for course. Learner/Parents to cover cost of the course.
  - The administration reserves the right to treat subsequent offenses in separate school years at the second and/or third offense levels.

## Agreement Violation Consequences

- 1<sup>st</sup> offense: Verbal warning. Parents and administration notified.
- 2<sup>nd</sup> offense: Written warning. Parents and administration notified. Possible removal from program.

## Acknowledgment and Understanding

I have read and understand the expectations in this agreement.

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

Student Printed Name: \_\_\_\_\_

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

Parent/Guardian Printed Name: \_\_\_\_\_

UPVA Director: \_\_\_\_\_ Date: \_\_\_\_\_

UPVA Director Printed Name: \_\_\_\_\_

**UPPER PENINSULA VIRTUAL ACADEMY  
ACADEMIC BENCHMARKS**

UPVA is committed to high academic standards and will require seat time waiver learners to validate their learning by following assessments as required in the Michigan Department of Education Pupil Accounting Manual (5-O-B: Seat Time Waiver):

1. **Grade Appropriate Assessment (MEAP)** – Pupils enrolling in a district seat time waiver program must take the grade appropriate state assessment exam.
2. **Michigan Merit Examination (MME)** – Pupils enrolled in a district seat time waiver program, who have earned 12 or more credits toward the high school diploma, must take the MME as scheduled by the Department of Education’s Office of Assessment and Accountability. Pupils may only enroll in the district’s seat time waiver program and claim more than 16 credits if the district arranges for the pupil to take the MME within the first year of enrollment.

UPVA will provide a learner with the testing materials at a location and time TBD. UPVA learners and parents/guardians will be notified of the dates and locations of the appropriate testing. Learners and parents/guardians will be responsible to be in attendance for the appropriate exams.

State assessments are required for:

- Grade 3 - reading and math
- Grade 4 - reading, writing and math
- Grade 5 - reading, writing and science
- Grades - 6, 7, 8 reading (2 days)
- Grade - 7 writing (2 days)
- Grades - 6, 7, 8 math
- Grade - 6 social studies
- Grade - 8 science
- Grade - 9 social studies
- Grade - 11 Michigan Merit Exam (3 days)

<b>Learner &amp; Parent/Guardian Acceptance of Academic Benchmark Requirements as Stated Above</b>		
Learner (print)	Learner (signature)	Date
Parent/Guardian (print)	Parent/Guardian (signature)	Date

**AGREEMENT**

This agreement is entered into this \_\_\_\_\_, day of \_\_\_\_\_, 20\_\_\_\_\_ between \_\_\_\_\_, hereinafter referred to as Person, and the Public Schools of Calumet, Laurium and Keweenaw, hereinafter referred to as District. The purpose of this agreement is to provide access to student information for parents using the Family Access program.

The intent of this contract is to ensure that Persons using the Family Access provided by the district understand that the data available on their students is only secure if they keep their password secure.

In consideration for using the District and/or Network resources, and in consideration for having access to information contained on the Network, I hereby release the District, Network and their operators and administration from any and all claims of any nature arising from my use, or inability to use the District and/or Network resources.

(Sign and return to the District Network Administrator)

\_\_\_\_\_  
Signature of Person

\_\_\_\_\_  
Date

\_\_\_\_\_  
Primary Email Address

**CLK Public Schools Students in your Household:**

\_\_\_\_\_  
Student Name

**UPPER PENINSULA VIRTUAL ACADEMY  
TECHNOLOGY EQUIPMENT FORM/WAIVER**

In accordance with the Michigan Department of Education Pupil Accounting Manual 5-O-B A.6.a. and A.6.b., a computer will be offered to learners enrolled under an approved seat time waiver that includes internet capacity and appropriate software configuration for use by the pupil in the home for the length of time that the pupil is enrolled in the seat time waiver program. The broadband internet capacity shall be a minimum of 1 Mbsp up/3 Mbsp down for use in the home for the length of time that the pupil is enrolled in the seat time waiver program. Where broadband access is severely limited, the Michigan Department of Education must give written approval for “offline” computer-based delivery of instruction and an alternative means of providing teacher-pupil interaction shall be required and shall be documented.

Waiver of Technology Requirements:

I have read and understand the technology requirements and choose to waive my rights to have UPVA provide a computer and internet access due to having adequate availability of a computer and internet access in the home.

Technology Equipment Request:

I have read and understand the technology requirements and request a computer and/or internet access. I agree to reimburse and hold the UPVA harmless from and against any and all liabilities, costs, collection costs, attorney fees, and other damages which arise from or relate in any way to the use or failure to return the laptop computer and its software.

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

Student Printed Name: \_\_\_\_\_

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

Parent/Guardian Printed Name: \_\_\_\_\_

UPVA Director: \_\_\_\_\_ Date: \_\_\_\_\_

UPVA Director Printed Name: \_\_\_\_\_



STATE OF MICHIGAN

RICK SNYDER  
GOVERNOR

DEPARTMENT OF COMMUNITY HEALTH  
LANSING

JAMES K. HAVEMAN  
DIRECTOR

### IMMUNIZATION WAIVER FORM

#### INSTRUCTIONS TO PARENTS OR GUARDIANS:

Vaccine-preventable diseases are still with us. Immunizations are one of the most effective measures to protect children from harmful diseases and even death. A high proportion of children must be immunized to prevent outbreaks of disease in school settings and other places where children work and play closely together.

Sections 9208 and 9211 of the Michigan Public Health Code require that a parent, guardian, or person in *loco parentis* applying to have a child registered for the first time in a Michigan school and/or in 6<sup>th</sup> grade, or in a program of group residence, care, or camping in this state shall present to officials at the time of registration or no later than the first day of school or program enrollment, a certificate of immunization verifying that the child has been vaccinated against diphtheria, tetanus, pertussis, measles, mumps, rubella, polio, hepatitis B, and varicella (chickenpox). Pneumococcal conjugate and *Haemophilus influenzae* type b vaccines are also required for preschool-aged children. Meningococcal vaccine is required for children 11 years of age or older who are in the 6<sup>th</sup> grade or newly enrolled in the district.

A parent or guardian wishing to exempt his or her child from a particular vaccination must provide a written statement indicating the religious or philosophical objections to the vaccination(s). A child who has been exempted from a vaccination is considered susceptible to the disease or diseases for which the vaccination offers protection. **The child may be subject to exclusion from the school or program, if the local and/or state public health authority advises exclusion as a disease control measure.**

By signing this waiver, you acknowledge that you are placing your child and others at risk of serious illness should he or she contract a disease that could have been prevented through proper vaccination.

#### ALL INFORMATION MUST BE FILLED IN BELOW.

I object to having my child, \_\_\_\_\_ born \_\_\_\_\_ immunized with the vaccines I have checked below: (First & Last Name) (Birth Date)

- |  |   |
|--|---|
| <input type="checkbox"/> DTaP, DT, Td, Tdap (Diphtheria, Tetanus, Pertussis) | <input type="checkbox"/> <i>Haemophilus influenzae</i> type b |
| <input type="checkbox"/> Polio   | <input type="checkbox"/> Pneumococcal Conjugate               |
| <input type="checkbox"/> Hepatitis B   | <input type="checkbox"/> Varicella (chickenpox)               |
| <input type="checkbox"/> MMR (Measles, Mumps, Rubella)                       | <input type="checkbox"/> Meningococcal                        |

Reason: \_\_\_\_\_

Parent(s)/Guardian(s) Name: \_\_\_\_\_

Address: \_\_\_\_\_ Telephone: \_\_\_\_\_

Child's Address \_\_\_\_\_ Telephone: \_\_\_\_\_  
*If different from parent/guardian*

\_\_\_\_\_  
Parent or Guardian's Signature

\_\_\_\_\_  
Date Signed

\_\_\_\_\_  
Preschool Program or Licensed Day Care Center OR School Name (Required)

**File in the child's permanent record and send a copy to your local health department.**

\*Condition of acceptance is based on local health department policies.

DCH-0716

AUTHORITY: P.A. 368 of 1978, Part 92

Rev. March 31, 2013

DCH-1272 (08/12) (W)

CAPITOL VIEW BUILDING • 201 TOWNSEND STREET • LANSING, MICHIGAN 48913  
www.michigan.gov • (517) 373-3740