



# George Jenkins High School

## Guidance Department

6000 Lakeland Highlands Road, Lakeland, Florida 33813  
Phone: 863-648-3589 ♦ Fax: 863-701-1131

### Notification of Registration for Virtual School (FLVS/PVS) Class

Student's name \_\_\_\_\_

ID Number \_\_\_\_\_ Grade \_\_\_\_\_

Cell Phone \_\_\_\_\_ Counselor \_\_\_\_\_

1<sup>st</sup> Course Requested \_\_\_\_\_

Semester(s) Requested (Select one):  1<sup>st</sup>     2<sup>nd</sup>     Both

2<sup>nd</sup> Course Requested \_\_\_\_\_

Semester(s) Requested (Select one):  1<sup>st</sup>     2<sup>nd</sup>     Both

I certify that I have set up a student account and registered for this FLVS/PVS class on the FLVS/PVS website.

*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 that deadline, I am committed to completing the course. If I do not complete the course satisfactorily, a failing grade will be sent to GJHS from FLVS/PVS and will be posted to my permanent record. **Please note, Life Management Skills is a general elective that does NOT satisfy the PE requirement necessary for graduation.***

Parent's Signature \_\_\_\_\_ Date \_\_\_\_\_

Student's Signature \_\_\_\_\_ Date \_\_\_\_\_

This form must be returned to the counselor prior to counselor approval.

### Guidance Use only

Date Sent home \_\_\_\_\_ Date Notification Submitted \_\_\_\_\_

Date Approved \_\_\_\_\_ Counselor's Signature \_\_\_\_\_

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