



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 _____

1st Course Requested _____

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

2nd Course Requested _____

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 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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