



Everett Virtual Academy
Graduation Alliance ALE
Recommendation for Enrollment
2024-25 School Year

STEP 1 To be completed by School Administrator or Regional Superintendent.

The following student is being recommended for Everett Virtual Academy:

Student name: _____ Student ID: _____ School: _____

Date of birth: _____ Age: _____ Graduation year (FGY): _____

SpEd: ☐ Yes* ☐ No 504: ☐ Yes ☐ No ML: ☐ Yes ☐ No KIT: ☐ Yes ☐ No

Student will need a laptop/Chromebook from GA: ☐ Yes ☐ No Anticipated start date: _____

Anticipated length of time in program (check one):

- ☐ Through end of school year (June) – student will return to in-person in September
☐ Through end of August – student will return to in-person in September
☐ Through end of August – student will be 16 and eligible to switch to ERA (ERA referral will be submitted in August)
☐ Continuing – student plans to continue in EVA next school year (new EVA referral will be submitted in June)
☐ Other date prior to end of school year: _____

Student is being recommended for the following reason(s):

Description of additional supports needed:

Recommended by: _____ Title: _____ Date: _____
(Signature of Administrator or Regional Superintendent)

STEP 2 To be completed by Regional Superintendent.

- ☐ I am requesting the student listed above be considered for Everett Virtual Academy enrollment.
☐ I am denying the recommendation for the student listed above to be considered for Everett Virtual Academy enrollment for the following reason: _____

Signature: _____ Date: _____
(Regional Superintendent)

***STEP 3** To be completed by Executive Director of Special Services (if applicable).

- ☐ Student listed above has an IEP and is approved for enrollment in Everett Virtual Academy.

Signature: _____ Date: _____
(Executive Director of Special Services)

Email completed form with signatures to Dr. Jeanne Willard, Executive Director of College and Career Readiness & Extended Learning Options, and Tanys Aris, District Success Coordinator. Copy to be filed in student cum file.

STEP 4 To be completed by Executive Director of College and Career Readiness & Extended Learning Options.

- ☐ Recommendation is approved.
☐ Recommendation is denied for the following reason: _____

Signature: _____ Date: _____
(Executive Director of College and Career Readiness & Extended Learning Options)