



Columbus City Schools
VCAP – Virtual Credit Advancement Program
2011-12 Application
(Please Print)

Student's Legal Name:

_____ Last name _____ First name _____ MI _____

CCS Student Number (if known) _____ Date of birth _____ Age _____ Gender _____

Home Address _____
Street address _____ City _____ Zip _____

Home Telephone # _____ Alternate # _____

Email address (will be required) _____

Previous CCS School attended _____

Current CCS school attending _____

Check the boxes that apply below:

Full-time Virtual Credit Advancement Program (VCAP)
Full-time students must attend community centers a minimum of 10 hours per week.

Concurrent

List requested VCAP classes:

_____, _____, _____, _____

Check this box if you are wish to participate in sports/activities at your home high school.

_____ Student's signature – Required _____ Parent's signature – Required if under 18

Students currently enrolled at a CCS High School are **required** to have the principal's signature.

Principal's Signature _____ Date _____

Only original applications will be accepted. No faxed or photocopies will be accepted.
Submission of application does not automatically enroll the student in VCAP.

Please sign and return completed application via mail or in person to:

Columbus City Schools
VCAP – Virtual Credit Advancement Program
Mifflin Middle School (Lower Level)
2546 Sunbury Road
Columbus, Ohio 43219
614-365-5485

For office use only.

Date received: _____

Grade on SIS: _____

Transcript received: _____

Full-Time

Concurrent

Accepted

Denied

Rescinded

Pending

Orientation date: _____

Site Assigned:

____ Heritage
____ Hilltonia UMC
____ Hudson

Processor's Initials: _____

Date Processed: _____

Date Letter Sent: _____