

# Sumner Virtual Academy (SVA) Hardship Request

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

Age: \_\_\_\_\_ Grade: \_\_\_\_\_ Zoned School: \_\_\_\_\_

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Age: \_\_\_\_\_ Grade: \_\_\_\_\_ Zoned School: \_\_\_\_\_

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

Age: \_\_\_\_\_ Grade: \_\_\_\_\_ Zoned School: \_\_\_\_\_

- Do you have access to a computer with a camera and internet? Yes or No

Explanation of Request:

- **Medical documentation must be provided with this request.**

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

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

Phone #: \_\_\_\_\_ E-mail: \_\_\_\_\_

Parent Signature: \_\_\_\_\_ Date Requested: \_\_\_\_\_

## For Office Use Only

Outcome of request:

- Approved
- Denied

Date parent notified: \_\_\_\_\_ Notified by: \_\_\_\_\_