

## HAVA Program Inquiry Form

Please complete page 1 and return to the Counseling Office **at least two weeks prior to the start of the semester.**

*To be completed by student and parent/guardian:*

**Date:**

**Student Name:**

**Student Grade Level:**

**Parent/Guardian Name:**

**Parent/Guardian Phone Number:**

**Parent Email:**

**Reason for HAVA Transfer Request:**

**Has the Student Participated in HAVA Previously (Y or N)?**

**Does the Student Have an IEP, 504, or Participate in the ESL Program (Y or N)?**

**Please go to the following website to learn about the HAVA program before considering a transfer.**

<https://www.hasdhawks.org/domain/398>

**I have visited the above Hamburg Area Virtual Learning website, read and understand the Frequently Asked Questions and the HAVA Agreement, and viewed the videos. I am interested in enrolling my child in the HAVA online learning program:**

---

**Parent Signature**

---

**Date**

*To be completed by the School Counselor:*

**Date HAVA Program Inquiry Form Received**

**IEP Waiver Received (Y or N) (if applicable)?**

**Student's GPA** (must be > 80% or an Parent Override must be signed)

**Concerns**

**Date Denied (if applicable)**

**Counselor Approval**

**Administrator Approval**

**Date Enrollment Paperwork Given**

**Signature**

**Signature**

**Date Enrollment Paperwork Received**

**Date Enrolled**