



CALIFORNIA
VIRTUAL
ACADEMIES™



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Learning Coach Request Form

This form is to be completed by the Legal Guardian of the student

Student Name: _____ Student ID _____

Name of Parent/Guardian: _____

Name of New or Additional Learning Coach _____

New Learning Coach's relationship to student _____
(i.e. mother, father, aunt, uncle, friend, relative, other)

New Learning Coach's contact information (All fields required)

Telephone Number: _____

Email Address: _____

Mailing Address: _____

☐ This is an additional Learning Coach

☐ This is will be the only Learning Coach on the student's account.

Please remove _____ as a Learning Coach.

Signature of Parent/Guardian: _____ Date: _____
(Font/typed signatures not accepted)

Print Name of Parent/Guardian: _____