



LINGLEVILLE COLLEGIATE INSTITUTE

Hybrid Virtual Learning Program

Application

2026-2027 School Year

Lingleville Independent School District

Flexible Pathways. High Expectations. Unlimited Possibilities.

Student Information

Student Name: _____

Grade Level Applying For: ☐ 9 ☐ 10 ☐ 11 ☐ 12

Date of Birth: _____

Parent/Guardian Information

Parent/Guardian Name: _____

Relationship to Student: _____

Parent Email: _____

Parent Phone Number: _____

Mailing Address: _____

Student Interest and Goals

What are your plans after high school?

- ☐ Four-Year College/University
- ☐ Community College
- ☐ Trade or Technical School
- ☐ Military
- ☐ Workforce/Employment
- ☐ Undecided

Academic Readiness

Have you previously participated in any online or virtual learning program?

- ☐ Yes
- ☐ No

If yes, please describe your experience:

Which statement best describes your ability to work independently?

- ☐ I consistently complete assignments without reminders.
- ☐ I usually complete assignments with minimal reminders.
- ☐ I sometimes need reminders to stay on task.
- ☐ I frequently need reminders and support to complete assignments.

How would you rate your time management skills?

- ☐ Excellent
- ☐ Good
- ☐ Fair
- ☐ Needs Improvement

Student Commitment

Please initial each statement.

_____ I understand that LCI courses maintain the same academic expectations as traditional classes.

_____ I understand that I must complete assignments on time and maintain satisfactory academic progress.

_____ I understand that participation in state-required assessments is mandatory.

_____ I understand that regular communication with teachers and school staff is required.

_____ I understand that failure to meet program expectations may result in probation or return to the traditional instructional setting.

Parent/Guardian Commitment

Please initial each statement.

_____ I understand that LCI is an academically rigorous program requiring student independence and accountability.

_____ I agree to support my student's academic progress and monitor coursework regularly.

_____ I understand that attendance and participation requirements remain in effect.

_____ I understand that my student must participate in all state-required assessments.

_____ I understand that enrollment in LCI is subject to district approval and ongoing review.

Technology Access

Does your student have reliable internet access at home and a quiet workspace for learning?

☐ Yes

☐ No

Will your student require a district-issued device?

☐ Yes

☐ No

Extracurricular Participation

Does your student plan to participate in any of the following?

☐ Athletics

☐ FFA

☐ UIL Academic Activities

☐ Fine Arts

☐ Student Organizations

☐ None at this time

Please list any anticipated activities:

Student Statement

In 150–250 words, describe your interest in the LCI program and explain why you believe you will be successful. Be sure to include how this would benefit your future career plans. Submit your response as a separate document.

In District or Transfer:

- ☐ In District- provide proof of residency
☐ Out of District- complete Transfer application with all required documents

Authorization and Signatures

By signing below, we certify that the information provided is accurate and complete. We understand that acceptance into the Lingleville Collegiate Institute is based upon program readiness, available enrollment capacity, and review of academic, attendance, and behavioral records.

Student Signature: _____ Date: _____

Parent/Guardian Signature: _____ Date: _____

Priority Deadline: June 30, 2026

Final Deadline: July 29, 2026

District Use Only

Date Received: _____

Attendance Reviewed: ☐

Academic Records Reviewed: ☐

Discipline Records Reviewed: ☐

Interview Completed: ☐

Decision:

- ☐ Accepted
- ☐ Conditional Acceptance
- ☐ Not Approved at This Time