

LEA Notice of Intent and Informed Choice Form
Texas Virtual School Network (TXVSN)
Full-Time Online Schools (OLS) Program

LEA Name: _____

LEA County District Number: _____

Full-Time Online School Campus Name: _____

County District Campus Number(s) (if issued): _____

1. Complete this section to indicate level of participation in full-time school.

A. If the LEA served students in TEC 29.9091 in a full-time virtual program in the 2022-2023 school year, please complete the information below.

Grades offered during 2022-2023 _____

Grades offered during 2023-2024 _____

B. The LEA participated in the Virtual Hybrid Program Accelerator Program in the 2022-2023 school year? Yes No

2. First day of school for 2023-2024? _____

3. LEA Program Contact

The program manager listed below must be the district employee responsible for oversight of daily operations of a TXVSN Full-Time Online School.

Program Manager's Name: _____

Program Manager's Title: _____

Program Manager's Phone Number: _____ Email Address: _____

I hereby certify the following:

- Information contained in this notification of intent to participate in the TXVSN Full-Time Online Schools program is, to the best of my knowledge, correct.
- The LEA has a current accreditation status of Accredited as specified in TAC §97.1055 (relating to Accreditation status). [19 TAC, §70.1009\(a\)\(1\)](#)

LEA Authorized Official Name: _____

LEA Authorized Official Signature: _____

Date: _____