

FBA FIBER OPTIC™ CERTIFICATION COURSE

January 13, 2025 - January 31, 2025

Monday - Friday | 8 AM-5 PM

Location: Occ. Tech Center / Pickett Park
1041 W. 10th Street | Blackstone, VA



This course is designed to equip future fiber technicians with the skills and knowledge required to install, splice, test, and maintain "Fiber to the Home" (FTTH) and Fiber to the Building (FTTB) systems.

At the completion of the course, graduates will be able to install, test, and troubleshoot components for completed systems. They will gain the knowledge and skills required for a professional career with organizations such as telecommunications service providers, Internet service providers, and contractors.

In-state: \$1,500 | Out of State: \$4,500
includes registration, technology and security fees,
and the certification exam

*FastForward Credentials for a Career that Matters
may help pay tuition costs for qualifying Virginians.
Additional scholarships may also be available.

To register, contact:

Suzanne Shook

suzanne.shook@southside.edu

434-292-3101



SOUTHSIDE VIRGINIA COMMUNITY COLLEGE
— WORKFORCE DEVELOPMENT —



109 Campus Drive - Alberta, VA 23821 | Telephone: (434) 949-1026 Fax: (434) 949-0107
200 Daniel Road - Keysville, VA 23947 | Telephone: (434) 736-2008 Fax: (434) 736-2082

WORKFORCE PROGRAM APPLICATION

Have you ever applied to any Virginia Community College? Yes No If yes, most recent year: _____

Interested Program of Study: _____ Location: _____

SOCIAL SECURITY NUMBER _____/_____/_____ or SVCC or VCCS STUDENT ID _____

DPOR License # (Tradesman Classes only) _____

Applicant Name: First: _____ Middle: _____ Last: _____

Maiden: _____ PREFIX: Mr. | Miss | Ms. | Mrs. | Other SUFFIX: Jr. | Sr. | II | III | Other

Street Address/PO BOX: _____

Town/City: _____ STATE: _____ ZIP CODE: _____

Phone Number: _____
(Home) (Work) (Cell)

Email Address _____

DATE OF BIRTH _____/_____/_____ GENDER: Male Female Other Prefer not to answer
Month (00) Day (00) Year (0000)

Are you Hispanic or Latino/a? Yes No Prefer not to answer

- Racial / Ethnic Group: American Indian or Alaskan Native
 Asian
 Black/African American
 Native Hawaiian/Other Pacific Islander
 Hispanic/Latino
 White
 Prefer not to answer

Are you a U.S. Citizen? Yes No - If no, please answer the following questions:

What is your current status?

Native (U.S. citizen at birth) Naturalized (became U.S. citizen after birth) Permanent Resident of the U.S.

What is your Country of Citizenship? _____

What is your current immigration status with the U.S.?

Not in U.S. - I am requesting _____ visa status

Currently in the U.S. as a Non-Immigrant

Permanent Status: Resident Alien Asylum Refugee A# (number) if any: _____

Temporary Status: Specify visa type _____ and Expiration Date ____/____/____

Are you requesting a change of status to an F-1 or M-1 visa? () yes () no



SOUTHSIDE VIRGINIA COMMUNITY COLLEGE
— WORKFORCE DEVELOPMENT —

Military Information:

I never served in U.S Military
 My Spouse has served in the U.S. Military
 I am the dependent of someone who has served in the U.S. Military
 I have served in the U.S. Military - What is your current military status? _____ (active/inactive/retired)
Branch: _____
What date did you enter the military? Month _____ Day _____ Year _____

Have you lived in Virginia for the past 12 months? Yes No If no, where did you live? _____

If you live in Virginia, please provide your City or County Residence: _____

If you live outside of Virginia, please provide the State and/or Country of Residence: _____

Do you have a High School Diploma or GED? Yes No

If yes, which High School did you graduate from? _____ Graduation Year: _____

Not currently enrolled in an Associates or Bachelor's degree program: Not enrolled Enrolled

I am in compliance with the Selective Service Act requirement: YES NO

Please access, print and attach your verification: www.sss.gov/verify/

Employer's Name: _____

By signing this form, I agree to provide a copy of the credential awarded upon the completion of all required coursework and/or certification test. I certify that the information in this application is true and complete to the best of my knowledge and, if I later determine any information in this application to be represented incorrectly, I will contact the Workforce Office.

Applicant's Signature: _____ Date: _____

For SVCC Staff Only - Registration Payment

Method of Payment (Please Circle): Cash Check Money Order VISA MasterCard

Bank Card No.: _____ Expiration Date: _____

Holder's Name: _____ Signature: _____

Note: Form may be copied or duplicated as needed

Revised: 12/2020

Additional Information:

DOMICILE DETERMINATION FORM



All students taking credit classes must complete the Domicile Determination Form.

Eligibility for in-state tuition is pursuant to Section 23-7.4, Code of Virginia. Please contact the college admissions office if you have any questions.

Mark the domicile category that applies to you below from choices 1-6. Choose only one category.

- | | |
|---|---|
| <p><input type="checkbox"/> 1. Self: I am <u>age 24 or older</u> and want to claim eligibility based on my own domicile.</p> <p><input type="checkbox"/> 2. Self: I am <u>under age 24</u> and want to claim eligibility based on my own domicile for the following reason(s):</p> <p><input type="checkbox"/> I am a veteran or active duty member of the U.S. Armed Forces.</p> <p><input type="checkbox"/> Both of my parents are deceased and I have no adoptive or legal guardian.</p> <p><input type="checkbox"/> I have legal dependents other than my spouse.</p> <p><input type="checkbox"/> I am financially self-sufficient.</p> <p><input type="checkbox"/> I am a ward of the court or was a ward of the court until age 18.</p> <p><input type="checkbox"/> I have a bachelor's degree and I am working on a graduate degree.</p> <p><input type="checkbox"/> I am married.</p> | <p><input type="checkbox"/> 3. Spouse: I am <u>age 24 or older</u> and want to claim eligibility for in-state tuition based on my spouse's domicile.</p> <p><input type="checkbox"/> 4. Spouse: I am <u>under age 24</u> and I want to claim eligibility for in-state tuition based on my spouse's domicile.</p> <p><input type="checkbox"/> 5. Parent: I am <u>under age 24</u> and my parents provide more than half of my financial support and/or claim me as a dependent for tax purposes.</p> <p><input type="checkbox"/> 6. Legal Guardian: I am <u>under age 24</u> and my court-appointed legal guardian provides more than half of my financial support and/or claims me as a dependent for tax purposes.</p> |
|---|---|

You may be required to supply "clear and convincing evidence" of your status.

If you marked box 1 or 2, please complete Section A below.

If you marked box 3, 4, 5, or 6, please complete Section B below.

A. Applicant's Information	B. Parent, Legal Guardian, or Spouse's Information
<p>1. Applicant's Name: _____</p> <p style="text-align: center; margin-left: 100px;">First Middle (Full) Last</p> <p>Date of birth: _____</p> <p style="text-align: center; margin-left: 100px;">(mm) (dd) (yy)</p>	<p>1. Provide the name of the person upon whom you are basing your domicile:</p> <p style="text-align: center; margin-left: 100px;">_____</p> <p style="text-align: center; margin-left: 100px;">First Middle (Full) Last</p>
<p>2. Are you a U.S. Citizen? <input type="checkbox"/> Yes <input type="checkbox"/> No (if "Yes" skip to question #3)</p> <p>If "No," are you a permanent resident? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If "Yes," what is your "A number"? _____</p> <p>If "No," what is your immigration status? _____</p>	<p>2. Using the above person's information, answer the questions below.</p> <p>Is the above person a U.S. citizen? <input type="checkbox"/> Yes <input type="checkbox"/> No (if "Yes" skip to question #3)</p> <p>If "No," is he/she a permanent resident? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If "Yes," what is his/her "A number"? _____</p> <p>If "No," what is his/her immigration status? _____</p>
<p>3. Are you on active duty in the U.S. Armed Forces? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If "Yes," is Virginia listed as the Tax State on your Leave and Earning Statement? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Date of Entry: _____</p> <p style="text-align: center; margin-left: 100px;">mm/dd/yyyy</p> <p>Official Duty Station: _____</p> <p style="text-align: center; margin-left: 100px;">State</p> <p>Reporting Date: _____ Duration of Orders: _____</p> <p style="text-align: center; margin-left: 100px;">mm/dd/yyyy mm/dd/yyyy</p>	<p>3. Is the above person on active duty in the U.S. Armed Forces? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If "Yes," is Virginia listed as the Tax State on his/her Leave and Earning Statement? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Date of Entry: _____</p> <p style="text-align: center; margin-left: 100px;">mm/dd/yyyy</p> <p>Official Duty Station: _____</p> <p style="text-align: center; margin-left: 100px;">State</p> <p>Reporting Date: _____ Duration of Orders: _____</p> <p style="text-align: center; margin-left: 100px;">mm/dd/yyyy mm/dd/yyyy</p>
<p>4. Are you the dependent of an active duty member in the U.S. Armed Forces? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If "Yes," is Virginia listed as the Tax State on your Leave and Earning Statement? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Date of Entry: _____</p> <p style="text-align: center; margin-left: 100px;">mm/dd/yyyy</p> <p>Official Duty Station: _____</p> <p style="text-align: center; margin-left: 100px;">State</p> <p>Reporting Date: _____ Duration of Orders: _____</p> <p style="text-align: center; margin-left: 100px;">mm/dd/yyyy mm/dd/yyyy</p>	<p>4. Is the above person married to an active duty member of the U.S. Armed Forces? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If "Yes," is Virginia listed as the Tax State on the Leave and Earning Statement? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Date of Entry: _____</p> <p style="text-align: center; margin-left: 100px;">mm/dd/yyyy</p> <p>Official Duty Station: _____</p> <p style="text-align: center; margin-left: 100px;">State</p> <p>Reporting Date: _____ Duration of Orders: _____</p> <p style="text-align: center; margin-left: 100px;">mm/dd/yyyy mm/dd/yyyy</p>

A. Applicant's Information	B. Parent, Legal Guardian, or Spouse's Information
<p>5. Are you retired from the U.S. Armed Forces? <input type="checkbox"/> Yes <input type="checkbox"/> No Were you discharged from the U.S. Armed Forces? <input type="checkbox"/> Yes <input type="checkbox"/> No If "Yes," date of discharge/retirement? _____ mm/dd/yyyy Tax State on LES prior to discharge/retirement: _____ Tax State</p>	<p>5. Is the above person retired from the U.S. Armed Forces? <input type="checkbox"/> Yes <input type="checkbox"/> No Is the above person discharged from the U.S. Armed Forces? <input type="checkbox"/> Yes <input type="checkbox"/> No If "Yes," date of discharge/retirement? _____ mm/dd/yyyy Tax State on LES prior to discharge/retirement: _____ Tax State</p>
<p>6. Are you the dependent of someone retired from the U.S. Armed Forces? <input type="checkbox"/> Yes <input type="checkbox"/> No Are you the dependent of someone discharged from the U.S. Armed Forces? <input type="checkbox"/> Yes <input type="checkbox"/> No If "Yes," date of discharge/retirement? _____ mm/dd/yyyy Tax State on LES prior to discharge/retirement: _____ Tax State</p>	<p>6. Is the above person a dependent of someone retired from the U.S. Armed Forces? <input type="checkbox"/> Yes <input type="checkbox"/> No Is the above person a dependent of someone discharged from the U.S. Armed Forces? <input type="checkbox"/> Yes <input type="checkbox"/> No If "Yes," date of discharge/retirement? _____ mm/dd/yyyy Tax State on LES prior to discharge/retirement: _____ Tax State</p>
<p>7. Have you lived in Virginia for the last 12 months? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," list address(es) for the last 24 months From Date _____ To Date _____ Address _____ City State Country From Date _____ To Date _____ Address _____ City State Country</p>	<p>7. Has the above person lived in Virginia for the last 12 months? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," list address(es) for the last 24 months From Date _____ To Date _____ Address _____ City State Country From Date _____ To Date _____ Address _____ City State Country</p>
<p>8. For the last 12 months, which of the following applies to you: <input type="checkbox"/> paid Virginia income taxes on all earned income <input type="checkbox"/> filed as a resident in another state (list state) _____ <input type="checkbox"/> filed as a resident in Virginia and as a non-resident in another state (list state) _____ <input type="checkbox"/> was a resident in a state without income tax (list state) _____ <input type="checkbox"/> had no taxable income</p>	<p>8. For the last 12 months, which of the following applies to the above person: <input type="checkbox"/> paid Virginia income taxes on all earned income <input type="checkbox"/> filed as a resident in another state (list state) _____ <input type="checkbox"/> filed as a resident in Virginia and as a non-resident in another state (list state) _____ <input type="checkbox"/> was a resident in a state without income tax (list state) _____ <input type="checkbox"/> had no taxable income</p>
<p>9. For the past twelve months, have you lived out-of-state, worked in Virginia, and paid Virginia income taxes on at least \$14,500 of earned income? <input type="checkbox"/> Yes <input type="checkbox"/> No If "Yes," list state _____</p>	<p>9. For the past twelve months, has the above person lived out-of-state, worked in Virginia, and paid Virginia income taxes on at least \$14,500 of earned income? <input type="checkbox"/> Yes <input type="checkbox"/> No If "Yes," list state _____</p>
<p>10. For the past 12 months, have you: held a Virginia Driver's license or Virginia DMV ID? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," has the applicant held a Driver's license or DMV ID to any other state? <input type="checkbox"/> Yes (List state) _____ <input type="checkbox"/> No owned or operated a motor vehicle registered in Virginia? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," has the applicant owned or operated a motor vehicle registered in any other state? <input type="checkbox"/> Yes (List state) _____ <input type="checkbox"/> No been registered to vote in Virginia? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," has the applicant been registered to vote in another state? <input type="checkbox"/> Yes (List state) _____ <input type="checkbox"/> No</p>	<p>10. For the past 12 months, has the above person: held a Virginia Driver's license or Virginia DMV ID? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," has the applicant held a Driver's license or DMV ID to any other state? <input type="checkbox"/> Yes (List state) _____ <input type="checkbox"/> No owned or operated a motor vehicle registered in Virginia? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," has the applicant owned or operated a motor vehicle registered in any other state? <input type="checkbox"/> Yes (List state) _____ <input type="checkbox"/> No been registered to vote in Virginia? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," has the applicant been registered to vote in another state? <input type="checkbox"/> Yes (List state) _____ <input type="checkbox"/> No</p>

Please note: If you knowingly provide erroneous information to evade payment of out-of-state tuition and fees, you will be charged out-of-state tuition and fees for each term attended and may be subject to dismissal. Random audits of this information will be performed. I certify under penalty of disciplinary action that all of the information is complete and accurate. I agree to supply the college with supporting documentation related to my application, if I am requested to do so.

Signature of Applicant _____ Date _____

Signature of Parent, Legal Guardian (If under 24 years old), or Spouse _____ Date _____



AGREEMENT FOR OPEN ENROLLMENT PARTICIPATION IN THE WORKFORCE CREDENTIAL GRANT

Today's Date: _____

I, _____, am enrolling in: _____, as part of the New Economy Workforce Credential Grant Program (WCG). As a condition to receiving a grant, I agree to the following terms and conditions:

FOR STUDENTS RESPONSIBLE FOR PAYING FOR THEIR COURSE:

If I do not successfully complete the course by earning an "S" grade within thirty (30) days of the course end date, I agree to pay an additional 1/3 of the total course cost to: _____ Community College. If I earn an "S" grade within thirty (30) days of the program end date, I will not have any further financial obligations to the College for this course.

If I must pay an additional amount, I understand and agree to the following terms:

- A. I agree that I must pay all the money I owe to the College, although there may be reasons under the law that would reduce the amount that I owe. I also agree not to claim that I do not owe the money to the College. This means that homestead and all other exemptions, presentations, demand, protest and notice of dishonor are hereby waived by the undersigned.
- B. If the College does not receive payment within the timeframe noted in the College policy, I understand and agree that the Commonwealth will take all actions, including debt set-off, to collect the money I owe to the College.
- C. I also agree to pay all associated collection costs and/or attorney's fees if necessary to collect the money I owe to the College.

FOR STUDENTS WHOSE COMPANY IS PAYING FOR THEIR COURSE:

I understand in the case where the College has an agreement with my employer and/or sponsor covering my specific participation in this New Economy Workforce Credential Grant Program (WCG) course, I will not be responsible for the additional 1/3 of the total course cost should I not successfully complete the course by earning an "S" grade within thirty (30) days of the course end date. I acknowledge and understand that I may owe my employer and/or sponsor the additional 1/3 of the total course cost under a separate agreement or other arrangement if I do not successfully complete the course. I further acknowledge and understand that the College will bill my employer and/or sponsor the additional 1/3 of the total cost if I do not successfully complete the course by earning an "S" grade within thirty (30) days of the course end date. Accordingly, I hereby consent to the disclosure of my final grade to my employer and/or sponsor if it is necessary for the College to receive the final 1/3 of the total course cost or for any other legitimate educational reason related to the WCG course.

FOR ALL STUDENTS:

1. I understand the purpose of the WCG is to financially assist me to gain the knowledge AND the applicable industry recognized credential or licensure. Therefore, I agree to seek the applicable credential or licensure associated with my program whether it is incorporated into the program cost or requires me to obtain the credential or licensure

Updated: 07/07/2021



FANTIC Customer Self Screening Form

Name: _____ Date: _____

Please complete the following screening form to determine if you may qualify for a second source of funding assistance.

Do you receive SNAP/Food Stamps: YES: _____ NO: _____

Do you receive TANF: YES: _____ NO: _____

Did you have had a reduction in income due to situation such as job loss in the current tax year which would put your income below above identified levels? YES: _____ NO: _____

If yes, please explain:

Are you are receiving assistance from WIOA, SNAPET, VIEW, TANF, Department for Aging and Rehabilitative Services (DARS), federal/state financial aid, or training assistance from your employer? YES: _____ NO: _____



SOUTHSIDE VIRGINIA
COMMUNITY COLLEGE

COVID 19 RETURN TO IN-PERSON CLASS Student Health Safety Agreement

The health and well-being of our students, instructors and staff is our top priority. With the current and uncertain future of the COVID 19 Pandemic outbreak, it imperative we follow very specific guidelines until such time as the Pandemic ends.

This document provides guidelines for supporting the health of students, instructors, and college staff safe during the current COVID 19 pandemic for all in-person classes. As a condition for your return to class, you will be expected to practice and follow these guidelines consistently for the safety of not only yourself, but for others you will encounter at the college.

For my safety, the **College will do the following:**

- Maintain a commitment to keeping educational interruptions to a minimum and helping students stay on track to complete their programs of study;
- Initiate steps to mitigate the risk of transmission including thorough cleaning and disinfecting of classroom/lab areas at the conclusion of classes;
- Provide regular cleaning/disinfecting of common areas such as water fountains and restrooms;
- Quickly respond to student concerns and/or questions as they may arise; and
- Adapt, adjust, or change procedures or policies to adhere to CDC, state, or federal policy/guidelines.

Student Expectations:

As a student, I agree to the following conditions to return to class:

1. **I will not come to class sick or stay if I feel sick**, regardless of symptoms. I will contact my instructor so that he/she is aware and can make instructional accommodations if necessary. I will stay in touch regularly with my instructor until I return to class. If he/she has not provided me with contact information, I will contact the Office of the Vice-President for Academic and Workforce Programs at 434.736.2006;
2. **I will not come to class if I have been exposed to someone with COVID 19** or traveled to an area with a high incidence COVID 19. I will quarantine per CDC guidelines. I will not come back to class until I have quarantined for a minimum of 14 days. I will contact my instructor so that he/she is aware and can make instructional accommodations if necessary, and I will stay in touch regularly until I return to class;
3. **If after attending a class, I find out that I was exposed to someone with COVID 19 outside of class, I will contact my instructor immediately** and quarantine per CDC guidelines. I will not come back to class until I have quarantined for at least 14 days. My instructor may make instructional accommodations if possible. I will stay in touch with my instructor until I return to class;
4. **If I am diagnosed with COVID 19, I will not come to class. If I recently attended class, I will advise my instructor immediately of my diagnosis.** I will stay in touch with my instructor as I am able. I will not return to class until a doctor/health professional verifies I have fully recovered, and I will contact Dr. Michelle Edmonds at 434.949.1006 as directed in the SVCC Reopening Plan.
5. **I will practice Social/Physical Distancing and will not congregate** before, during, or after class, or during breaks. I will leave the classroom, building, and campus promptly when my last class ends;
6. **I will wear a protective face covering (mask) to all in-person classes.** This will be required for class admission until such time as I am directed to discontinue. Other Personal Protective Equipment (PPE) may be required by the college or by my instructor. Failure to wear a face covering and required PPE while on campus may result in being asked to leave as well as possible dismissal from class;
7. **I will be prepared if this in-person class is moved online.** In the event of a new outbreak or change in state guidelines, I understand it is possible my class may be moved online, fully or partially. I understand that if my class is moved online, I will need access to technology and internet with as little as 24 hours' notice; and
8. **RECOMMENDATION: I should sign up for the SVCC Alert** (text "svccalert" to 888777) so that I will receive school-wide notifications and update TEXTS/EMAILS not only about closing, but also about other emergency information I should know.
9. **Internet Access.** If I do not have access to technology/internet access when off-campus, I will alert my instructor at the start of class so that other accommodations can be made in the event of a shift to fully online coursework.

Signature

By signing below, I agree to the above Student Expectations as a condition of returning to campus for in-person classes. If, at any time, I fail to follow any of these conditions, I understand I may be dismissed from my class without a refund. This agreement will become part of the class record.

PRINTED NAME

SIGNATURE

DATE rev 6/26/20

IRS TRANSCRIPT REQUEST

We must have your tax transcript. Here is how you can request you tax transcript:

Go to: www.irs.gov/individuals/get-transcript

You may request online or by mail:

Request Online

What You Need

To register and use this service, you need:

- your [SSN](#), date of birth, filing status and mailing address from latest tax return,
- access to your email account,
- your personal account number from a credit card, mortgage, home equity loan, home equity line of credit or car loan, and
- a mobile phone with your name on the account.

What You Get

- All [transcript types](#) are available online
- View, print or download your transcript
- Username and password to return later

Request by Mail

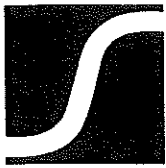
What You Need

To use this service, you need your:

- [SSN](#) or [Individual Tax Identification Number \(ITIN\)](#),
- date of birth, and
- mailing address from your latest tax return

What You Get

- Return or Account [transcript types](#) delivered by mail
- [Transcripts](#) arrive in **5 to 10 calendar days** at the address we have on file for you



Housing

This building is operated by the Nottoway County Local Redevelopment Authority (LRA) for SVCC students. Housing is located at Pickett Park, approximately ½ mile from the SVCC Occupational/Technical Center. Students are responsible for making their own reservations. Payment is made to the LRA.

Housing specifics include:

Rooms are \$20 per night.

Individual bedrooms include:

- Single bed with sheets
- Chest-of-drawers
- Small closet
- Dorm size refrigerator
- Locking doors

Facility includes:

- Shared kitchen - 2 refrigerators, 2 microwaves, air fryer, toaster oven
- Shared bath - sinks, toilets, showers
- Laundry room - washer and dryer
- Group "hang out" room - sofas, 2 smart TVs w/cable, 4 desktop computers
- Internet
- Housekeeping 2 times a week

Fees will be payable in advance by the month or according to duration of program

For reservations call 434-298-0366 between 8:30 a.m. and 4:00 p.m.

Specify that you will be enrolled at SVCC.

Christanna Campus 109 Campus Drive, Alberta, VA 23821434-949-1000

John H. Daniel Campus 200 Daniel Road, Keysville, VA 23947 434-736-2000

Southside Virginia Education Center..... 1300 Greenville County Circle, Emporia, VA 23847 434-634-9358
Southern Virginia Higher Education Center .. 820 Bruce Street, South Boston, VA 24592 434-572-5451
Estes Community Center..... 316 N. Main Street, Chase City, VA 23924 434-372-0194

Lake Country Advanced Knowledge Center... 118 E. Danville Road, South Hill, VA 23970 434-955-2252
Occupational Technical Center Pickett Park, 1041 W. 10th Street, Blackstone, VA 23824 .. 434-292-3101
Cumberland County Community Center..... 1874 Anderson Highway, Cumberland, VA 23040. 804-492-9275