



Cyber Academy Application 16-17

Neal Brokman, Coordinator of Alternative Programming ♦ (814) 874-6015

Approved _____
DATE

Home School Administrator: _____

Denied _____
DATE

Teacher of Record (if IEP student): _____

(Please Print Name)

Include the recommendations from the IEP meeting

Student Information

Date: _____

Grade: _____

IEP: No Yes*

**PLEASE NOTE: An IEP team meeting must be held prior to the application submission.*

Full Name: _____ Home School: _____

Street Address: _____ Zip _____

Home or Cell Phone: _____ *E-mail: _____

DOB: _____ Gender: Male Female

Cyber Enrollment Reason: Academic Fast Track Academic Recovery Attendance
Social Interaction Medical Reasons Other _____

PARENT/GUARDIAN:

Full Name: _____ Relationship: _____

Street Address: _____ Zip _____

Home Phone: _____ Cell Phone: _____ Work: _____

E-mail: _____

Technology Survey

1 – Computer

2 – Internet Access

I have a home computer

I have high – speed internet access (Cable/DSL)

I do not have a computer

I have dial-up internet access

(A **\$50 cash deposit is required**, deposit returned upon receipt of loaned laptop)

I do not have internet access

3 – Accessories: I have the following (check all that apply)*

Headphones

Microphone

Webcam

Printer

Scanner

*The need for **accessories** is not common. Possible reasons that students might need these accessories are: students take a course that requires scanning assignments or a foreign language course that requires a microphone or headphone.

