



Middle School 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

MUST HAVE OWN COMPUTER/ACCESS TO INTERNET

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: _____

