

CYBER CHOICE ACADEMY MIDDLE & HIGH SCHOOL APPLICATION

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

Approved	Home School Ad	ministrator:			
Denied DATE	Teacher of Record (if IEP student):				
Student Information	Date:		IEP: No Yes*		
Full Name:	Home School:				
Street Address:			Zip		
Home or Cell Phone:	*E-	mail:			
DOB:	Gender: Mal	e 🗌 Female 🗌			
Cyber Enrollment Reason:	Academic Fast Track	Academic Recovery Medical Reasons	AttendanceOther		
PARENT/GUARDIAN:					
Full Name:	Relationship:				
Street Address:			_Zip		
Home Phone:	Cell Phone:		Work:		
E-mail:					

Technology Survey (HIGH SCHOOL ONLY)

MIDDLE SCHOOL STUDENTS MUST HAVE THEIR OWN COMPUTER

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 <u>\$50 cash deposit is required</u>, deposit	I do not have internet access
returned upon receipt of loaned laptop)	

ESSAY:

Please write a short essay explaining why you would like and how you would benefit from the Erie's Public School's Cyber Program. (continue essay on back, if necessary)

efits:

Self-Motivation Check List: Circle Yes, No, or Sometimes

YES	NO	Sometimes
YES	NO	Sometimes
	YES YES YES YES YES YES YES YES YES YES	YESNO

Please list any athletics, clubs, or other school sponsored activity you may like to participate in: