

; cj Yfbcf'A]ZZ]b'; C@B

Application for Enrollment

Date of Application _____

STUDENT INFORMATION					
Name	First	Middle	Last	Date of Birth	<input type="checkbox"/> M <input type="checkbox"/> F Gender
	Number	Street			Apt. #
Address	City		State	Zip Code	
	Phone				
Email					

CURRENT SCHOOL			
School	Name of School		Grade Level
	<input type="checkbox"/> Cyber Charter School	<input type="checkbox"/> Home School	<input type="checkbox"/> Traditional School
Contact	First	Middle	Last
	Number	Street	
Address	City		State
	City		State
Reason for Enrollment in ; cj Yfbcf'A]ZZ]b'; C@B:			
Potential scheduling conflicts:			

PARENT(S)/GUARDIAN(S) INFORMATION			
Name	First	Middle	Last
	Number	Street	
Address	City		State
	City		State
Email			
Phone	Home	Mobile	Work
	First	Middle	Last
Address	Number	Street	
	City		State
Email			
Phone	Home	Mobile	Work

ADDITIONAL INFORMATION:			
Ethnicity:	<input type="checkbox"/> Native American	<input type="checkbox"/> Asian/Pacific	<input type="checkbox"/> African American
Special Educ. Status:	<input type="checkbox"/> IEP	<input type="checkbox"/> 504	<input type="checkbox"/> GIEP
	ESL:	<input type="checkbox"/> Yes	<input type="checkbox"/> No
	<input type="checkbox"/> Hispanic	<input type="checkbox"/> Caucasian	<input type="checkbox"/> Prefer Not to Answer

FOR OFFICE USE ONLY:	
Student School ID Number:	Enrollment Date:
Date Application Received:	Orientation Date:

Upon enrolling in ; cj Yfbcf'A]Z]b'; C@8, I agree to:

- ✓ Complete the ; cj Yfbcf'A]Z]b'; C@8 enrollment process
- ✓ Provide my current transcript from the previous school year at time of application
- ✓ Notify the ; cj Yfbcf'A]Z]b'; C@8 Program Coordinator of any difficulties connecting to the curriculum delivery system at any time during the school year
- ✓ Contact the ; cj Yfbcf'A]Z]b'; C@8 Program Coordinator for support or assistance, as needed
- ✓ Notify the ; cj Yfbcf'A]Z]b'; C@8 Program Coordinator of any change in residency or contact information (phone and email) throughout the school year
- ✓ Attend all assigned daily homeroom sessions and complete all courses in which I am enrolled in their entirety within the specified school year calendar
- ✓ Complete all mandated medical screenings prior to enrolling in the program
- ✓ Complete all required statewide testing at specified ; cj Yfbcf'A]Z]b School District building
- ✓ Acknowledge that failure to attend scheduled homeroom sessions or complete enrolled courses may result in truancy charges and that student/parent/guardian may be responsible for paying related costs in full
- ✓ Be removed from ; cj Yfbcf'A]Z]b'; C@8 if found to be involved in any form of academic impropriety
- ✓ Return equipment and textbook within two weeks of completion of, or withdrawal from, ; cj Yfbcf'A]Z]b'; C@8. Failure to do so may result in additional charges.

X

Student Signature

Date

X

Parent/Guardian Signature

Date

X

Governor Mifflin GOLD Administrator Signature

Date