

BALD EAGLE AREA SCHOOL DISTRICT
Cyber Academy Registration Form

School: _____ **Student Start Date:** _____

Student's Legal Name: _____

(As it appears on Birth Certificate)

First

Middle

Last

Grade: _____ **Home Phone Number:** _____ **Male** _____ **Female** _____

Student E-mail Address: _____

Address Where Mail is Received AND Residential Address if different from Mailing Address:

Date of Birth: _____ **Place of Birth:** _____

Ethnicity: _____ **1 - American Indian/Alaskan Native (not Hispanic)** **3 - Black or African American (not Hispanic)**

4 - Hispanic (any race)

5 - White (not Hispanic)

6 - Multi-Racial (not Hispanic)

9 - Asian (not Hispanic)

10 - Native Hawaiian or other Pacific Islander

PARENT/GUARDIAN INFORMATION:

FATHER

Address if different from child's

Phone Number

Employment Phone Number

Cell Phone Number

E-Mail Address

MOTHER

Address if different from child's

Phone Number

Employment Phone Number

Cell Phone Number

E-Mail Address

STUDENT LIVES WITH: **Both Parents** () **Father** () **Mother** () **Other** _____

If parents are separated or divorced, who has custody? _____

(Documentation of Custody must be provided from the parent or guardian who has custody.)

If parents are separated or divorced, who has educational rights? _____

(Documentation of educational rights must be provided from the parent or guardian who has educational rights.)

School student previously attended and address _____

(Please complete for students entering Grades 1-12)

I certify that this application is accurate, true and current. I understand that the information being provided is confidential and will be used only on an as needed basis by the professional staff and will not be made public without parent/guardian permission. I further realize that information provided to BEACA cannot and will not be used to screen students for admission. I accept my/our obligation to ensure that all computer equipment and school materials will be cared for responsibly and used appropriately. I agree to be an active, involved partner in my child's individual Learning Program and to collaborate with administrators and teachers so that my child can fully benefit from the academic opportunities offered by the Bald Eagle Area Cyber Academy and the Bald Eagle Area School District.

Parent Signature _____ Date _____

Student Signature _____ Date _____

To be completed by school personnel:

Student ID # _____ **Enrollment Date :** _____ **Exit Date:** _____ **Equipment Returned:** Y / N

I.E.P. _____ **Gifted** _____ **504 Plan** _____
(Yes/No) (Yes/No) (Yes/No)

Title I Reading _____ **Econ. Disadvantaged** _____ **E.L.L.** _____
(Yes/No) (Yes/No) (Yes/No)