Clearfield Area School District Cyber Services Enrollment Application

STUDENT APPLICANT INFORMATION		
Application Date:	**Cyber Enrollment Date:**	
****Student's Legal Name, as it appears on the birth certificate or passport**		
Last Name:	**First Name:**	**Middle Name:**
Date of Birth:		Age:
Home Address:		
City:	State:	ZIP Code:
Mailing address (if different):		
City:	State:	ZIP Code:
Home Phone:	Alt. Phone:	Gender : ☐ Male ☐ Female
Student's email:		
Grade Level for 2019-20:	Are you repeating this grade: ☐ Yes ☐ No	

PARENT/GUARDIAN INFORMATION		
Student lives with: ☐ Both Parents ☐ Mother Only ☐ Father Only ☐ Guardian ☐ Other ☐ Self		
Special Custodial Court Instructions: (If Yes, please provide a copy of court order.) ☐ Yes ☐ No		
Father's Name:	Occupation**:**	
Address:		
City :	State:	Zip Code:
Home Phone:	Work Phone:	Cell Phone:
Email Address:		
Mother's Name:	Occupation:	
Mother's Maiden Name:		
Address:		
City:	State:	Zip Code:
Home Phone:	Work Phone :	Cell Phone:
Email Address:		
Guardian's Name(if applicable):		
Address:		
City:	State:	ZIP Code:
Home Phone:	Work Phone:	Cell Phone:
Email Address:		

TECHNOLOGY INFORMATION		
The district supplies a laptop and printer. Does the student have access to a computer at home? ☐ Yes ☐ No		

STUDENT APPLICANT INFORMATION
Do you currently have internet (DSL or higher) at home? ☐ Yes ☐ No If yes, please list your internet provider/type: _____
SIGNATURES
I certify that all of the information I have provided in this enrollment form is true and accurate to the best of my knowledge.
Print Name: _____ Date: _____ **Signature of Parent/Guardian:_____** I authorize the Clearfield Area School District to release all pertinent educational information and records (i.e. Individual Education Plan (IEP) to Lincoln Learning Solutions. **Print Name: _____ Date: _____** **Signature of Parent/Guardian:_____**