



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 : <input type="checkbox"/> Male <input type="checkbox"/> Female
Student's email:		
Grade Level for 2023-24:		Are you repeating this grade: <input type="checkbox"/> Yes <input type="checkbox"/> No
PARENT/GUARDIAN INFORMATION		
Student lives with: <input type="checkbox"/> Both Parents <input type="checkbox"/> Mother Only <input type="checkbox"/> Father Only <input type="checkbox"/> Guardian <input type="checkbox"/> Other <input type="checkbox"/> Self		
Special Custodial Court Instructions: <input type="checkbox"/> Yes <input type="checkbox"/> No (If Yes, please provide a copy of court order.)		
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? <input type="checkbox"/> Yes <input type="checkbox"/> No		

STUDENT APPLICANT INFORMATION

Do you currently have internet (DSL or higher) at home? ☐ Yes ☐ No

Do you wish to receive/borrow a T-Mobile hotspot for cyber use? Yes or No

SIGNATURES

I certify that all the information I have provided in this enrollment form is true and accurate to the best of my knowledge.

I acknowledge the challenges associated with online, independent, learning such as: self-discipline, time management, sense of isolation, prone to technical issues, and potential drop of grades to name a few.

I understand that I/student must attempt to take the PSSA and/or Keystone assessment if applicable to my grade level. This will be arranged at the school building.

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: _____

**The student email that you provided will be used as primary communication portal between Lincoln Learning Solutions and the student.

**Please provide a parent email as a backup.

**All sections of this application must be filled out in order to process.