



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 2016-17:		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			
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

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 Interactive or K12.

Print Name: _____ **Date:** _____

Signature of Parent/Guardian: _____