## Clearfield Cyber Service

CASD offers a cyber-schooling program option for any student residing in the Clearfield Area School District. Clearfield Cyber students are full time students with the same rights and privileges of brick and mortar students. This includes access to academic support, co-curricular activities, social opportunities, athletics, and the Clearfield County Career and Technology Center.

Students enrolled in the Clearfield Cyber Service enjoy several advantages from other, out-of-district cyber schools. Clearfield Cyber students can earn a CASD diploma and participate in graduation ceremonies, attend the CCCTC, participate in school athletics and activities, participate in state assessments (PSSA and Keystone), and access to individual programming with academic support they are familiar with. Clearfield Cyber can provide students with a laptop, printer, ink, and paper at no cost to the family. CASD will also reimburse Clearfield cyber families up to \$50/month for Internet services. Homes must have Internet access to participate in Clearfield Cyber Service.

If you are interested in learning more about the Clearfield Cyber Service or would like to enroll your child, please contact Mr. Brickley at <a href="mailto:abrickley@clearfield.org">abrickley@clearfield.org</a> or call the CAJSHS office at 765-5511. Regards,

Andrew J. Brickley

Andrew J. Brickley

Assistant Principal CASD Cyber Administrator Clearfield Area Jr/Sr High School 814-765-5511 Go Bison!



## Clearfield Area School District Cyber Services Enrollment Application

	STUDENT APPLICANT INFOR	RMATION
Application Date:	Cyber Enro	illment Date:
**Student's Legal Name, a	appears on the birth certificate or passport	t .
Last Name:	First Name:	Middle Name:
Date of Birth:		Age:
Home Address:		
City:	State:	ZIP Code:
Mailing address (if differe	:	
City:	State:	ZIP Code:
Home Phone:	Alt. Phone:	Gender : ☐ Male ☐ Female
Student's email:		
Grade Level for 2020-21:	Are you re	epeating this grade: 🗆 Yes 🗀 No
delighter and	PARSKT/SUARDIAN MEDR	DIATION
Student lives with:	☐ Both Parents ☐ Mother C	Only   Father Only
	☐ Guardian ☐ Other	☐ Self
Special Custodial Cour		— No
(If Yes, please provide a		☐ NO
Father's Name:	Occupatio	n:
Address:		
City:	State:	Zip Code:
Home Phone:	Work Phone:	Cell Phone:
Email Address:		
Mother's Name:	Occupatio	n:
Mother's Maiden Name:		
Address:		
City:	State:	Zip Code:
Home Phone:	Work Phone:	Cell Phone:
Email Address:		
Guardian's Name(if ap	cable):	
Address:		
City:	State:	ZIP Code:
Home Phone:	Work Phone:	Cell Phone:
Email Address:		
	TECHNOLOGY INFORMA	TION
The district supplies a lap Does the student have ac	AND THE CONTRACTOR OF THE CONT	∕es □ No

Print Name:	Date:
Signature of Parent/Guardian:_	
Inches	District to release all the Brook of the Bro
I authorize the Clearneid Area School Individual Education Plan (IEP) to Lii	District to release all pertinent educational information and records (i.e. coln Learning Solutions.