**Iroquois School District Cyber Academy**

**Application for Enrollment**

**Completed Applications should be returned to your school office to the attention of Mrs. Willow, High School Assistant Principal.**

**Student Information**

|  |  |
| --- | --- |
| Name |  |
| Address |  |
| Date of Birth |  |
| Current Grade Level |  |

**Parent/Guardian Information**

|  |  |
| --- | --- |
| Name |  |
| Phone Number |  |
| Email |  |
| Internet Access at Home |  |

**Reason for seeking enrollment in Iroquois Cyber Academy**

Parent/Guardian Response:

**Is ISD Cyber Academy the right fit for me?**

To find out if you have what it takes to be a successful ISD Cyber Academy student, place a number next to each statement that best describes you as a student:

(to be completed by the student)

4: Strongly Agree 3: Agree 2: Disagree 1: Strongly Disagree

I can use the computer as a tool for learning . . .

|  |  |
| --- | --- |
|  | I can communicate using email |
|  | I can use Microsoft Word as a writing tool |
|  | I can search for and locate information on the internet |
|  | I can participate in on-line chat rooms |

I possess the skills necessary to be a successful cyber student . . .

|  |  |
| --- | --- |
|  | I can follow and respond to written directions easily |
|  | I can use my time efficiently and submit my assignments on schedule |
|  | I am self-motivated, self-directed, and self-disciplined in regards to my studies |
|  | I can work independently |

I am ready to make a commitment to cyber education . . .

|  |  |
| --- | --- |
|  | I am willing to spend 5.5 hours per weekday at my computer |
|  | I am willing to spend an additional 1-2 hours per week completing additional assignments |
|  | I am honest and can be trusted to do my own course work and assignments |
|  | I am responsible and will care properly for school-issued equipment |
|  | I am willing to contact VLN Tech Support when needed |

We have high-speed internet access in our home:

 \_\_\_\_\_\_ Yes \_\_\_\_\_\_ No

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Student Signature Date

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent/Guardian Signature Date

**Why do you want to enroll in ISD Cyber Academy?**

Please compose a two to three paragraph essay that outlines the reasons why you would like to attend ISD Cyber Academy. You may attach a copy of your essay. Please be sure to sign the essay if you choose to attach a copy.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Student Signature Date

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent/Guardian Signature Date

**Should my enrollment in ISD Cyber Academy be approved, I agree to:**

* Notify my School Counselor of any difficulties connecting to the Cyber Academy website and links.
* Notify my School Counselor for support as needed.
* Notify my School Counselor of any change in status.
* Document evident of active participation in all courses in which I am enrolled.
* Complete all courses in which I am enrolled in their entirety within the specified time allotted.
* Complete all required statewide testing at specified ISD building.
* Be removed from ISD Cyber Academy if found to be involved in any form of academic impropriety.
* Acknowledge that failure to complete enrolled courses may result in truancy charges and that student and parent/guardian may be responsible for paying related costs in full.
* Return equipment within two weeks of completion of, or withdrawal from, ISD Cyber Academy. Failure to do so may result in additional charges.
* Return all textbooks to ISD within two weeks of completion of, or withdrawal from, ISD Cyber Academy, if applicable.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Student Signature Date

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent/Guardian Signature Date