POCONO MOUNTAIN SCHOOL DISTRICT CYBER PROGRAM

<mark>Application for K-5 Enrollment</mark>

Date of Application _____

STUDENT INFORMATION

Name	First		Middle	Last		Date of Birth
Address	Number	Street				Apt. #
	City			State	Zip Code	Phone
Email						

CURRENT SCHOOL

School	Name of School				Phone	
	❑ Charter/Cyber Charter School	❑ Home School		❑ Traditional School		
Contact	First		Middle	Last		
Address	Number	Street				Apt. #
	City			State		Zip Code
Reason for requesting to attend the Pocono Mountain School District's Cyber Program						
Potential scheduling conflicts						

PARENT(S)/GUARDIAN(S) INFORMATION

Name	First		Middle	Last		
Address	Number	Street				Apt. #
	City			State	Zip Code	Phone Number
Email						
Signature	X					
Name	First		Middle	Last		
Address	Number	Street				Apt. #
	City			State	Zip Code	Phone Number
Email						
Signature	X					

UNITED STATES DEPARTMENT OF EDUCATION ETHNIC CODES:

❑ Native American	❑ Asian/Pacific	❑ African American	❑ Hispanic	❑ Caucasian
Grade Level:	Special Ed: ❑ Yes ❑ No		ESL: ❑ Yes ❑ No	

FOR OFFICE USE ONLY:

Student School ID Number:	Date of Received Application:
Date of Interview:	Orientation Date:
Family/District Agreement Date:	Enrollment Date:

POCONO MOUNTAIN SCHOOL DISTRICT CYBER PROGRAM

Upon enrolling in the Pocono Mountain Cyber School, I agree to:

- ✓ Complete the Pocono Mountain School District Cyber Program enrollment process
- ✓ Provide my transcript from any previous schools at time of enrollment in the Pocono Mountain School District
- ✓ Notify the Pocono Mountain School District's Cyber Program of any difficulties connecting to the curriculum delivery system
- ✓ Notify the Pocono Mountain School District Cyber Program for support, as needed
- ✓ Notify the Pocono Mountain School District Cyber Program of any change in status
- ✓ Document evidence 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 mandated medical screenings prior to enrolling in the program
- ✓ Complete all required statewide testing as specified by the Pennsylvania Department of Education and the Pocono Mountain School District
- ✓ Be removed from the Pocono Mountain School District Cyber Program if found to be involved in any form of academic and behavioral impropriety
- ✓ Acknowledge that failure to comply with Pennsylvania State Compulsory Attendance may result in truancy charges and that student/parent/guardian may be responsible for paying related costs in full
- ✓ Return equipment and related materials within two weeks of completion of, or withdrawal from, Pocono Mountain School District's Cyber Program. Failure to do so may result in additional charges
- ✓ Return all materials to the Pocono Mountain School District within two weeks of completion of, or withdrawal from, the Pocono Mountain School District's Cyber Program, if applicable

X
_____
Student Signature   Date

X
_____
Parent/Guardian Signature   Date

X
_____
Pocono Mountain School District Cyber Program Principal   Date