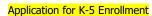
## POCONO MOUNTAIN SCHOOL DISTRICT CYBER PROGRAM





Date of Appli	cation										
STUDENT INFORMATION											
Name	First			Middle	Last					Date of Birth	
Address	Number	Street							Apt. #		
	City				State Zip Code Phone						
Email											
CURRENT SC	HOOL										
School	Name of School				Phone				!		
	☐ Charter/Cyber Charter School ☐ Home			Home Sch	School Tradition				ional 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 Num	ber		
Email											
Signature	x										
Name	First Middle				fle Last						
Address	Number	Street							Apt. #		
	City				State	Zip Code	p Code Phone Nun			nber	
Email											
Signature	x										
UNITED STATES DEPARTMENT OF EDUCATION ETHNIC CODES:  ☐ Native American ☐ Asian/Pacific ☐ African American ☐ Hispanic ☐ Caucasian											
☐ Native American ☐ Asian/Pacific ☐ Afric Grade Level: Special Ed: ☐ Yes				n American			Caucasian  Li  Yes  No				
			_ 103					<u> </u>			
FOR OFFICE	USE ONLY:										
Student School ID Number:					Date of Received Application:						
Date of Interview:					Orientation Date:						
Family/District A	greement Date:	Enr	Enrollment Date:								

## POCONO MOUNTAIN SCHOOL DISTRICT CYBER PROGRAM

Application for K-5 Enrollment

## **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
	Date