

POCONO MOUNTAIN SCHOOL DISTRICT CYBER PROGRAM

Application for Enrollment



Date of Application _____

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

CURRENT SCHOOL				
School	Name of School		Phone	
	<input type="checkbox"/> Charter/Cyber Charter School	<input type="checkbox"/> Home School	<input type="checkbox"/> Traditional School	
Address	Number	Street		Apt. #
	City		State	Zip Code
Reason for requesting to attend the PMSD Cyber Program				
Potential Scheduling Conflicts				

PARENT(S) / GUARDIAN(S) INFORMATION					
Name	First	Middle	Last	Date of Birth	Student ID #
Address	Number	Street		Apt. #	
	City		State	Zip Code	Phone
Email					
Signature	X				
Name	First	Middle	Last	Date of Birth	Student ID #
Address	Number	Street		Apt. #	
	City		State	Zip Code	Phone
Email					
Signature	X				

UNITED STATES DEPARTMENT OF EDUCATION ETHNIC CODES				
<input type="checkbox"/> Native American	<input type="checkbox"/> Asian/Pacific	<input type="checkbox"/> African American	<input type="checkbox"/> Hispanic	<input type="checkbox"/> Caucasian
Grade Level:	Special Ed:	<input type="checkbox"/> Yes <input type="checkbox"/> No	ESL:	<input type="checkbox"/> Yes <input type="checkbox"/> No

FOR OFFICE USE ONLY:	
Student School Id Number:	Date of Received Application:
Date of Interview:	Orientation Date:
Family/District Agreement Date:	Enrollment Date:

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Upon enrolling in the Pocono Mountain Cyber Program, 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 textbooks 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 Director

Date