Carlynton Cyber Academy
Student Application

This form must be completed annually by the parent/guardian of the child seeking to enroll in the Carlynton Cyber Academy. The Carlynton Cyber Academy offers innovative asynchronous online coursework program that is aligned with the District's curriculum in grades K-12. Our online courses are designed to cater to a diverse range of interests and learning styles, providing learners with the flexibility to pursue academic goals while accommodating individual schedules.

Prior to enrolling, parents/guardians must give careful consideration to determine if online learning is the best educational placement for their child.   Students who experience success in an online environment are generally organized, self-directed learners, who are able to effectively manage their time to complete learning exercises independently. Online learning requires approximately four to five hours of work per week for each course. Successful students take responsibility for their academic growth, possess strong reading skills, and are able to communicate effectively and ask for help when necessary.

If you feel your child possesses the skills and traits outlined above and would like to enroll in the Carlynton Cyber Academy, please complete this form and submit it to your child's principal. After you submit this form, your child's school counselor or principal will contact you to set up a meeting and explain the program in greater detail. The District uses a floating window to enroll and withdraw students at the beginning of a marking period and requires annual reenrollment in the program. Additional information regarding the Carlynton Cyber Academy is available on the District website.

Student Name: _____ Date: _____

Parent/Guardian Name: _____

Parent/Guardian Phone Number: _____

Parent/Guardian Email Address: _____

School Year Enrollment is Requested: _____

Student's Current Grade Level: _____

Student's Birth Date: _____

Student's Gender: _____

Student Mailing Address:

     Address _____

     City _____ State _____ Zip Code _____

Does the student have an IEP (Special Education Student):   Yes   /   No

Do you have a computer with High Speed Internet access at home?   Yes   /   No

Is a parent or guardian at home throughout the school day?   Yes   /   No

I would like to apply for admission to the Carlynton Cyber Academy.

Student Signature _____

Parent/Guardian Signature _____

 How did you learn about the Carlynton Cyber Academy?

-- For Administrative Use Only --

____ The above named student has been approved for admission to the Carlynton Cyber Academy.

_____   _____

Principal Signature   Date

Principal comments/concerns in regard to placement in the Carlynton Cyber Academy.

_____   _____

Superintendent Signature   Date