



CyberLynx 60 Days Out Of Alaska Transient Approval Form

www.cyberlynx.org

This form valid from August to May of enrolled school year.

CyberLynx - Nenana
PO Box 599
Nenana, AK 99760

**Required for more than 60
consecutive days out of state travel**

Toll Free: 1-888-424-5969 Phone: 1-907-832-5423
Fax: 1-907-832-5468

Parent/Guardians Name (last/first) _____

Student's Name (last/First)	Grade	Student's Name (last/First)	Grade
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Departure Date: _____ Return Date: _____

Reason for departure: _____

Alaska Department of Education law (4AAC 33.426 e2) requires monthly contact with a certified teacher by phone or via email. I understand that during the designated time approved out of Alaska as the parent/legal guardian, it is my responsibility to maintain monthly contact with my assigned Parent Advisor. Due to the importance of state testing requirements, confirmation with Certified Teacher that students are physically back in Alaska by March 20th is required. All orders and reimbursements will be mailed to Alaska residence addresses only. **If any of the information above is found to be false, residency has been established in another state or the requirements of approval are not adhered to, students will be administratively withdrawn from the CyberLynx program.**

I understand and agree to all terms above. _____
Parent/Guardian Signature Date

Official Use Only - District Office

Approved

_____ Date

Principal's Signature

Denied

_____ Date

Principal's Signature

Reason for Denial: _____

