



CyberLynx
PO Box 599
Nenana, AK 99760

Toll Free: 1-888-424-5969

CyberLynx Registration Form

Today's Date: _____

Student's Full Legal Name: _____
(As it appears on the Birth Certificate): Last First Middle

Student's Gender: M F Date of Birth: ____ / ____ / ____

Student's Cell Phone# _____ With whom does the student reside? _____

Student's Ethnicity (optional)	Is the student Hispanic?	Yes	No	And/Or	White	Alaska Native	Asian
	Native American		African American			Native Hawaiian/Pacific Islander	

Who will be the primary homeschool instructor? _____

School Most Recently Attended: _____ Public Private Homeschool

Address of School: _____
Street / PO Box City State Zip

Year last attended the above school: _____ What grade is the student entering? _____

Has your student been enrolled in CyberLynx before? Yes No If yes, year _____

Will your student be attending any class/course at another public school during this school year? Yes No
(If yes, Dual Enrollment Form is required.)

If your student will also be enrolled with a private school, name of private school: _____
(If yes, Please provide a list of classes)

Does your student have/had an active IEP in Special Education? Yes No

School District that has your student's most recent IEP? _____

Father's/Guardian's Name: _____

Mother's/Guardian's Name: _____

Mailing Address: _____
(required) Street / PO Box City State Zip

Physical Address: _____
(required) Street / PO Box City State Zip

Primary/Home Phone# _____	Father's Email _____
Father's Cell Phone# _____	
Father's Work Phone# _____	Mother's Email _____
Mother's Cell Phone# _____	
Mother's Work Phone# _____	Student Email _____

Parent / Guardian / Adult Student Signature Date

(Please be advised that submitting this form online does not constitute an official enrollment. All forms must be signed and dated. If submitted online a CyberLynx Teacher will contact you to set up and appointment to complete the enrollment process.)



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The Following are Requirements of the CyberLynx Program (ILP)

Student Name: _____

- 1) Keep CyberLynx informed as to enrollment status, change of address and / or any other change of situation.
- 2) Follow procedures and policies as outlined in the CyberLynx Student Handbook.
- 3) Kindergarten enrollees must be at least 5 years old by September 1.
- 4) To be eligible for enrollment, a student must not be 20 years old on or before October 1.
- 5) Special education students are eligible to enroll if it is determined by the IEP team that CyberLynx is the least restrictive environment and the student has not turned 22 years old on or before July 1.
- 6) Meet State of Alaska and Nenana City School District graduation requirements if high school student plans to graduate from CyberLynx.
- 7) All parents and students in correspondence programs have the same right to access the district appeal process as parents and students in other district programs (4 AAC 33.421). This includes, but is not limited to, special education (4 AAC 33.432). (Handbook for Appeal Process)
- 8) All non-expendable materials remain the property of the school district and must be returned to the district (4 AAC 33.422). If student(s) withdraws from CyberLynx prior to November 1, all reimbursed funding and materials must be returned immediately; after November 1st all non-consumable materials must be returned to the district when the student exits the program for any reason.
- 9) CyberLynx is required to annually administer the state assessments to every student in the tested grades (4 AAC 06.737), and we also recognize a parent's right to not have the parent's child participate in these assessments. Students who do not participate in testing will neither be barred from re-enrollment nor have their student accounts frozen.
- 10) All expenditures related to the student must be directly tied to a specific course with a need addressed in the PER (ILP) (4 AAC 33.422). Submit reimbursements and/or orders only for materials and supplies related to my student's PER (ILP). Reimbursements/Orders cannot be religious or doctrinal in nature.
- 11) Monthly contact with the parent/student is required (4 AAC 33.421).

Your signature indicates: you are aware of this information; you accept responsibility for ensuring your student is aware of their rights and requirements; you agree to all requirements; and you confirm that the information provided is true and accurate the best of your knowledge.

Parent/Guardian Signature

Print Name

Date



CYBERLYNX

Correspondence Program

PO Box 599

Nenana, Ak 99760

Phone: (907)832-5400

Toll Free: (888)424-5969

Fax: (907)832-5468

Email: clynx@nenanalynx.org

Website: http://cyberlynx.org

Release of Information Consent Form

Parents/Guardians,

CyberLynx likes to recognize the accomplishments and activities of our students, however the Family Educational Rights and Privacy Act (FERPA) requires us to obtain consent to publish anything that can identify students, with certain exceptions.

Federal and State laws require CyberLynx to provide student information to certain entities, without first obtaining parental/guardian consent from you, unless you decline by filling out and signing this form. The information that is provided includes: student's name, address, phone number(s), date of birth, enrollment status, grade level, dates of attendance, and/or scholarship eligibility.

The permissions given or declined by you will be in effect as long as the student is enrolled with CyberLynx. A new "Release of Information Consent Form" will need to be filled out and signed if you wish to change permissions, or a student has a break in enrollment, or turns 18 while enrolled.

This form needs to be signed and returned to your CyberLynx site office certified teacher. This form will be effective the date the district receives the form.

PK-12 Students

Please Initial "Yes" to allow or "No" to deny release of information/pictures about the student.

___Yes ___No CyberLynx publications (newsletters, etc.)

___Yes ___No CyberLynx website (<http://cyberlynx.org>)

___Yes ___No CyberLynx media pages (Facebook, Twitter, etc.)

___Yes ___No CyberLynx advertisement (brochures, television commercials, radio, etc.)

___Yes ___No Public news media (newspapers, television, radio, etc.)

___Yes ___No CyberLynx graduation programs, slide show, displays, etc.

___Yes ___No Outside agencies that wish to acknowledge graduating students with letters or certificates.

___Yes ___No University of Alaska –UA scholars, note that if you select "No", and the student qualifies for the scholarship their name will not be submitted to receive it.)

___Yes ___No Military solicitation (Recruiters, Alaska Challenge Youth Academy, Alaska Military Youth Academy)

Student Information: (Required)

Student Name: _____ D.O.B _____

Parent/Guardian Name: _____

Parent/Guardian/Adult Student Signature: _____ Date: _____

CyberLynx Staff Witness: _____ Date Received: _____