CyberLynx
PO Box 599
Nenana, AK
99760

Intent to Re-Enroll

The Following are Requirements of the CyberLynx Program (ILP)

- **Keep CyberLynx informed as to enrollment status, change of address and / or any other change of situation.**
- **Follow procedures and policies as outlined in the CyberLynx Student Handbook.**
- **Kindergarten enrollees must be at least 5 years old by September 1.**
- **To be eligible for enrollment, a student must not be 20 years old on or before October 1.**
- **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.**
- **In order to graduate from CyberLynx, a student must meet the State of Alaska and Nenana City School District graduation requirements.**
- **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). See the CyberLynx Student Handbook for Appeal Process.**
- **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.**
- **All non-expendable materials remain the property of the school district and must be returned to the district (4 AAC 33.422).**
- **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).**
- **Monthly contact between the parent/student and CyberLynx is required (4 AAC 33.421).**

The following students that you are re-enrolling in CyberLynx for the 2017-2018 school year.

Student First/Last Names: _____ _____

_____ _____ _____

☐ **Contact information confirmed/updated by CyberLynx.**

Physical Address:_____
Address City State Zip

Mailing Address:_____
Address City State Zip

Home Phone #: _____ **E-Mail Address:**_____

Mother's Work #:_____ **Cell #:**_____

Father's Work #:_____ **Cell #:**_____

Your signature indicates that 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 to the best of your knowledge.

_____ _____
Parent/Guardian Signature (agrees to terms listed above) **Date**