



DUAL ENROLLMENT

CyberLynx Correspondence Program

PO Box 599

Nenana, AK 99760

Phone: (907) 8321070

Fax: (907) 8325468

Name of Student: _____

If your child is going to be enrolled in any other state-funded public/correspondence school you must fill out this form. Copies of your other schools most recent report card/grades are due to CyberLynx by June 15.

This section must be filled out by Parent and CyberLynx Parent Advisor

FTE count Nenana School District is going to declare on ADM report: .75 .50 .25

Subjects student intends to take with CyberLynx (please be specific):	

Parent Advisory Signature

Parent's Signature

Date

COOPERATIVE AGREEMENT

Name of Public/Correspondence School: _____

Street / PO Box

City

State

Zip

This section must be filled out by School Principal

Indicate the FTE count your district is going to declare on ADM report: : .75 .50 .25

Subjects student intends to take with the other school (please be specific):	

School Principal's Signature

School Principal's Printed Name

Date