



Dual Enrollment Form

www.nenanalynx.org

Anchorage: 907-277-0730 / Anchorage HS Completion: 907-279-1004

Fairbanks: 907-455-7633 / Wasilla: 907-357-7734

Student Name: _____ Grade: _____ School Year: _____

If your child is going to be enrolled in any other state-funded public school, you must fill out this form.

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

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

Subjects student intends to take with CyberLynx (Please be specific)

CyberLynx Principal Signature

Parent Signature

Date

COOPERATIVE AGREEMENT

Name of Public School: _____

Address: _____

This section to be filled out by the School Principal or counselor:

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

Subjects student intends to take with the local neighborhood school (Please be specific)

School Principal Signature

School Principal Printed Name

Date