



Intent to Re-Enroll

The Following are Requirements of the CyberLynx Program

- 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 on or before September 1.
- Students with an IEP may be 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.
- Meet the State of Alaska and Nenana City School District graduation requirements in order to graduate from CyberLynx.
- 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 handbook for the appeal process.
- All enrolled students, including part-time students, are required to participate in statewide student assessments (4 AAC33.421). We also recognize a parent’s right not to have the student participate in statewide assessments. Students who do not participate in testing will neither be barred from re-enrollment nor have their student accounts frozen.
- 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).
- All non-expendable materials remain the property of the school district and must be returned to the district (4 AAC 33.422).
- Monthly contact between the contact teacher and the parent/student is required (4 AAC 33.421).

The following students that you are re-enrolling in CyberLynx for the _____ school year:

First/Last Name _____ Grade entering: _____

First/Last Name _____ Grade entering: _____

First/Last Name _____ Grade entering: _____

First/Last Name _____ Grade entering: _____

First/Last Name _____ Grade entering: _____

Contact information confirmed/updated by CyberLynx

Mailing Address: _____

Primary/Parent Name: _____ Primary/Parent Email: _____

Primary/Parent Phone: _____ Cell Phone: _____

Student phone: _____ Student Email: _____

Emergency Contact Name: _____ Emergency Contact Phone: _____

Relationship to Student: _____

Your Signature Indicates:

- You are aware of the program requirements listed above.
- You accept responsibility for ensuring your student is aware of their rights and requirements.
- You agree to all requirements.
- You confirm that the information provided is true and accurate to the best of your knowledge.

Parent/Guardian/Student (if 18 years or older) Signature

Date