2024-2025
Virtual Cyber Academy Application K-12
Corry Area School District
540 W. Pleasant Ave., Corry, PA 16407 - 814-665-3204

DATE: _____

STUDENT INFORMATION (PLEASE PRINT)

NAME _____

GRADE _____ DOB _____

504 Plan? YES _____   NO _____

IEP?   YES _____   NO _____

GIEP?   YES _____   NO _____

STREET ADDRESS _____
                  HOUSE NUMBER / STREET   CITY   STATE   ZIP

HOME/CELL PHONE _____STUDENT EMAIL _____

PARENT /GUARDIAN INFORMATION

FULL NAME _____

ADDRESS _____
             HOUSE NUMBER / STREET   CITY   STATE   ZIP

HOME/CELL PHONE _____   WORK PHONE_____

* PARENT EMAIL _____(To receive Progress Reports)

PARENT SIGNATURE_____

REASON FOR CYBER: _____

Please read and sign the **CYBER CODE OF CONDUCT found on the back of this application.**

TECHNOLOGY SURVEY - Do you have internet access?   YES _____   NO _____

_____

I have received the following equipment:

Chromebook: _____   Books: _____   Camera: _____   Headphones: _____

Other: _____

Parent/Guardian signature _____   Date _____

*** RETURN TO *Corry Area High* SCHOOL OFFICE ***