**Loyalsock Township School District**

**Lancer Learning Institute Application**

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| **Student Information** | |
| First Name | Last Name |
| Date of Birth | Student ID# |
| Grade | PA Secure ID (For District Use Only) |
| Home Phone | Mobile Phone |
| **Other Information (please circle)** | |
| **504 Plan Yes No** | **IEP Yes No** |
| **Address** | |
| Street | City |
| Email | Zip |

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| --- | --- |
| **Parent/ Guardian Information** | |
| Parent 1 | |
| First Name | Last Name |
| Email |  |
| Home Phone | Mobile Phone |
| **Address** | |
| Street | City |
| Parent 2 | |
| First Name | Last Name |
| Email |  |
| Home Phone | Mobile Phone |
| **Address** | |
| Street | City |

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| **This Section to be completed by High School Students ONLY**  **Elementary and Middle School Students** will be assigned core content courses. | |
| **High School Students** must contact their counselor prior to registering or selecting any courses. | |
| Course Request | |
| Course Name | Credits |
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| Will your child need District Issued Technology \_\_\_\_Yes \_\_\_\_ No |
| I have been advised to take the aforementioned courses by my school counselor.  **Student Signature: DATE:** |
| I give permission for my child to participate in the Learning Lancer Institute. I will provide assistance to my child with the requirements necessary for successful completion of the online coursework.  **Parent Signature: DATE:** |

District USE

\_\_\_\_\_\_\_\_ Application Received \_\_\_\_\_\_\_\_ Registration Processed \_\_\_\_\_\_\_\_ Technology Office Notified

\_\_\_\_\_\_\_\_ Class Roster to Teacher