**Loyalsock Township School District**

**Lancer Learning Institute Application**

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| **Student Information** | |
| First Name  Click or tap here to enter text. | Last Name  Click or tap here to enter text. |
| Date of Birth  Click or tap here to enter text. | Student ID#  Click or tap here to enter text. |
| Grade Choose an item. | PA Secure ID (For District Use Only) |
| Home Phone  Click or tap here to enter text. | Mobile Phone  Click or tap here to enter text. |
| **Other Information (please circle)** | |
| **504 Plan Yes  No** | **IEP  Yes  No** |
| **Address** | |
| Street  Click or tap here to enter text. | City  Click or tap here to enter text. |
| Email  Click or tap here to enter text. | Zip  Click or tap here to enter text. |

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| **Parent/ Guardian Information** | |
| Parent 1 | |
| First Name  Click or tap here to enter text. | Last Name  Click or tap here to enter text. |
| Email  Click or tap here to enter text. |  |
| Home Phone  Click or tap here to enter text. | Mobile Phone  Click or tap here to enter text. |
| **Address** | |
| Street  Click or tap here to enter text. | City  Click or tap here to enter text. |
| Parent 2 | |
| First Name  Click or tap here to enter text. | Last Name  Click or tap here to enter text. |
| EmailClick or tap here to enter text. |  |
| Home Phone  Click or tap here to enter text. | Mobile Phone  Click or tap here to enter text. |
| **Address** | |
| Street Click or tap here to enter text. | City Click or tap here to enter text. |

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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:** |

Please email completed Registration Form to ltsdadministration@loyalsocklancers.org

District USE

\_\_\_\_\_\_\_\_ Application Received

\_\_\_\_\_\_\_\_ Registration Processed

\_\_\_\_\_\_\_\_ Technology Office Notified

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