**Loyalsock Township School District**

**Lancer Learning Institute Application**

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| **Student Information** |
| First NameClick or tap here to enter text. | Last NameClick or tap here to enter text. |
| Date of BirthClick 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 PhoneClick or tap here to enter text. | Mobile PhoneClick 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. | CityClick or tap here to enter text. |
| EmailClick or tap here to enter text. | ZipClick or tap here to enter text. |

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| **Parent/ Guardian Information** |
| Parent 1 |
| First NameClick or tap here to enter text. | Last NameClick or tap here to enter text. |
| EmailClick or tap here to enter text. |  |
| Home PhoneClick or tap here to enter text. | Mobile PhoneClick or tap here to enter text. |
| **Address** |
| Street Click or tap here to enter text. | CityClick or tap here to enter text. |
| Parent 2 |
| First NameClick or tap here to enter text. | Last NameClick or tap here to enter text. |
| EmailClick or tap here to enter text. |  |
| Home PhoneClick or tap here to enter text. | Mobile PhoneClick 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