

**Crawford Central School District  
District Cyber Application**

**Student Information**

Student's Name: \_\_\_\_\_

School: \_\_\_\_\_ Grade: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Gender: \_\_\_\_\_

Address: \_\_\_\_\_

City/State/Zip Code: \_\_\_\_\_

Student's Home Phone: \_\_\_\_\_ Student's Cell Phone: \_\_\_\_\_

Student's School Email: \_\_\_\_\_

Student's Home Email: \_\_\_\_\_

Student PA Secure ID \_\_\_\_\_ Student ID \_\_\_\_\_

Guidance Counselor: \_\_\_\_\_

**Student Support Plan**

My child has an IEP \_\_\_\_\_ Yes \_\_\_\_\_ No

My child has a 504 Plan \_\_\_\_\_ Yes \_\_\_\_\_ No

Case Manager: \_\_\_\_\_

My child has a Gifted GIEP \_\_\_\_\_ Yes \_\_\_\_\_ No

**Parent Information**

Parent/Guardian's Name: \_\_\_\_\_

Relationship to Student: \_\_\_\_\_

Parent's Phone: \_\_\_\_\_

Parent's Email: \_\_\_\_\_

**Technology**

\_\_\_\_\_ Student has access to internet to complete assignments.

\_\_\_\_\_ Student does not have access to internet to complete assignments.

**I have read and agree to follow the CCSD Cyber Program Student Expectations and Responsibilities.**

**Parent Signature** \_\_\_\_\_

**Date:** \_\_\_\_\_

**Student Signature** \_\_\_\_\_

**Date:** \_\_\_\_\_