



CyberLynx  
 PO Box 599  
 Nenana, Ak 99760  
 Phone: (907) 832-1070  
 Fax: (907) 832-5468

# Dual Enrollment

Name of Student: \_\_\_\_\_

If your child is going to be enrolled in any other state-funded public/correspondence school you must fill out this form. Copies of your other schools most recent report card/grades are due to CyberLynx by June 15.

**This section must be filled out by Parent and CyberLynx Parent Advisor**

FTE count Nenana School District is going to declare on ADM report: \_\_\_\_\_ (.75/.50/.25 FTE)

Subjects student intends to take with CyberLynx (please be specific): \_\_\_\_\_ Credits/Hours

Subjects student intends to take with CyberLynx (please be specific):	Credits/Hours

\_\_\_\_\_  
 Parent Advisor's Signature                      Parent's Signature                      Date

**Cooperative Agreement**

**2005-2006  
 Academic Year**

Name of Public/Correspondence School: \_\_\_\_\_

\_\_\_\_\_  
 Street/PO Box                      City                      State                      Zip

\_\_\_\_\_  
 Phone                      Fax

**This section must be filled out by School Principal**

Please indicate the FTE count your district is going to declare on ADM report: \_\_\_\_\_ (.75/.50/.25 FTE)

Please list subjects student is taking with your school (please be specific): \_\_\_\_\_ Credits/Hours

Please list subjects student is taking with your school (please be specific):	Credits/Hours

\_\_\_\_\_  
 Principal's Signature                      Principal's Printed Name                      Date

***Failure to inform CyberLynx of dual enrollment or change in enrollment status with other school districts could result in students being withdrawn from CyberLynx***