



<u>For Office Use Only</u>	
Computer Ordered	_____
Genius Courses	_____
Sapphire Courses	_____
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Denied	_____ Date: _____
<b>Start Date</b>	_____

## HAVEN – Cyber-Education Application

Student Name: \_\_\_\_\_ Age: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Grade: \_\_\_\_\_

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

Street Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip Code \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Cell: \_\_\_\_\_

Email Address (print clearly): \_\_\_\_\_

**Special Education Services Received** Yes \_\_\_\_\_ No \_\_\_\_\_ **Counselor Initials** Verifying services \_\_\_\_\_

In order to be considered for the HAVEN (Hempfield Allied Virtual Education Network) program please provide the following information for the cyber school you were most recently enrolled or have been in contact with regarding enrollment. This information is necessary to determine qualification and eligibility for the HAVEN program. **REQUIRED**

Name of Cyber-Charter School	Contact Name	Phone Number	Currently Enrolled Y/N

**Level of Technology Skills:** \_\_\_\_\_ Beginner \_\_\_\_\_ Average \_\_\_\_\_ Good \_\_\_\_\_ Excellent  
(Check one)

Upon verification and approval or eligibility you will be contacted by the HAVEN coordinator to schedule an intake meeting for evaluation of credits previously earned, to develop a program completion plan, and select coursework for the current school year.

***Students admitted to HAVEN are required to participate in the program for 1 full semester from the time of enrollment.***

**For Student Completion: Please explain the reasons for your request for acceptance into HAVEN. Discuss how you will be self-disciplined to learn in a cyber environment and how you plan to complete school requirements from home.**

**For School Counselor Use Only:** (to be completed by the school counselor in the presence of the student)

The following information must be discussed with students and/or parent/guardian prior to distribution of this HAVEN application.

**Counselor Initials (verifying the following information was discussed/shared with the student)**

\_\_\_\_\_ Total number of absences \_\_\_\_\_ (If more than 10 has a TIP/TEP been completed  
\_\_\_\_\_ Yes \_\_\_\_\_ No. (If no a TIP/TEP must be completed prior to the HAVEN start  
Date)

\_\_\_\_\_ Based on knowledge of the student's academic success, is the students capable of  
independent/self-directed learning \_\_\_\_\_ Yes \_\_\_\_\_ No  
Independent Learning consists of: (Check below successful responses)

- \_\_\_\_\_ Learning subject content by reading textbooks
- \_\_\_\_\_ Independent research to learn content material
- \_\_\_\_\_ Willingness to ask for help of online teachers/instructors when needed
- \_\_\_\_\_ Completing online course requirements daily (Monday-Friday) without adult supervision)

\_\_\_\_\_ Number of credits needed this school year to remain on track for graduation \_\_\_\_\_

**(For Seniors Only)** How many credits are needed for the students to graduate (must need a minimum of 3 required credits to graduate for the semester enrolled. No seniors will be enrolled in HAVEN during semester 2) No student may enroll in HAVEN just for elective credits.

\_\_\_\_\_ Student/Parents are aware that a minimum of 72 hours is required for processing after the completion of the intake meeting with the HAVEN coordinator. (timeline may be extended pending receipt of the rental computer from IU13)

**\*\* Students failing more than 1 course upon entering HAVEN will be required to attend a regular weekly help session at Landisville Education Center\*\***

*By signing below you verify all application information has been reviewed and is complete.*

Parent/Guardian Name: \_\_\_\_\_

Signature: \_\_\_\_\_

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

School Counselor Name: \_\_\_\_\_

Signature: \_\_\_\_\_

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

Grade level Principal Name: \_\_\_\_\_

Signature: \_\_\_\_\_

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