

**Fairfield Area Cyber Education (FACE) Enrollment Form  
2020-2021 School Year - Fairfield Area School District**

4840 Fairfield Road, Fairfield, PA 17320  
Phone: (717) 642-8228; Fax: (717) 642-2036

**\*\*PLEASE NOTE: A Change of Status form must be completed for currently enrolled students.\*\***

**STUDENT INFORMATION for the 2020- 2021 School Year**

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Middle Initial: \_\_\_\_\_

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

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

Date of Birth: \_\_\_\_\_ 2020-2021 Grade Level: \_\_\_\_\_

**PARENT/GUARDIAN INFORMATION**

Parent/Guardian #1 - Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

Parent/Guardian #2 - Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

Preferred Email Address: \_\_\_\_\_

Preferred Telephone Number(s): \_\_\_\_\_

**\*\*Please Note:** By enrolling your student in the Fairfield Area Cyber Education (FACE) program, you are agreeing for your student to remain in the program for at least one marking period/grading quarter (nine [9] weeks in duration) as indicated on the approved school calendar for the academic year. At the conclusion of the marking period/quarter, you may choose to change your student's status to return to brick and mortar education in the appropriate Fairfield Area School District building. Please notify the District Cyber Coordinator with your desire to change your student's educational program two (2) weeks prior to the end of the marking period/grading quarter in order for your student's transfer to occur. By signing below, you indicate that you are aware of this information.\*\*

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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

**Cyber Coordinator Use Only**

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

Date Courses Assigned: \_\_\_\_\_

Official Start Date: \_\_\_\_\_