



Crawford Central School District Online Program Application and Agreement

Student Information:

Application Date: _____

School Year: _____ Grade: _____

Student's Name: _____

Date of Birth: _____ Gender: _____

Address: _____

City/State/Zip Code: _____

Student's Home Phone: _____ Student's Cell Phone: _____

Student's School Email: _____

Reason for application: _____

Student Technology Needs:

_____ Student needs a district-issued computer

_____ Student does not need a district-issued computer

Parent Information:

Parent/Guardian's Name: _____

Relationship to Student: _____

Parent's Work Phone: _____ Parent's Cell Phone: _____

Parent's Email: _____