



## ACCEL Community Cyber Program Application for Admissions

7400 Marshall Road, Upper Darby, PA 19082 – Phone: 484-461-8761 Fax: 484-461-8778

Grade Applying For: \_\_\_\_\_

**\$50.00 registration fee is required per family.**

### APPLICANT INFORMATION

Full Name (First, Middle, Last): \_\_\_\_\_

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

Current School \_\_\_\_\_

Phone Number : \_\_\_\_\_ Email: \_\_\_\_\_

Student resides with  mother  father  both  guardian

How did you hear about ACCEL? \_\_\_\_\_

### PARENT INFORMATION

Name: \_\_\_\_\_

Mother  Father  Guardian

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

City, State, Zip: \_\_\_\_\_

address same as applicant

Home Phone#: \_\_\_\_\_ Work phone # \_\_\_\_\_

Cell Phone # \_\_\_\_\_

Name): \_\_\_\_\_

Mother  Father  Guardian

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

City, State, Zip: \_\_\_\_\_

address same as applicant

Home Phone#: \_\_\_\_\_ Work phone # \_\_\_\_\_

Cell Phone # \_\_\_\_\_

**WE THE UNDERSIGNED HEREBY CERTIFY THAT ALL STATEMENTS MADE IN THIS APPLICATION ARE TRUE, ACCURATE, AND COMPLETE.**

Parent or Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_