



Edison Local School District
Edison Computer and Technological School
Enrollment Application



Name of Student: _____

Name of Parent or Guardian: _____

Address: _____

Home Phone: _____ Cell Phone(s): _____

Email Address: _____

Grade Level: _____ Birthdate: _____

Does child currently have an IEP? YES or NO

What school did your child attend during the previous school year? _____

Has your child previously participated in online instruction? YES or NO

If yes, where? _____

Will your child participate in any activities, including athletics, while enrolled? YES or NO

If so, what activities? _____

Student Signature Date

Parent Signature Date

Guidance Signature Date

Principal Signature Date

Asst. Superintendent Signature Date