## Please print and use dark black ink / type

## Parent 1/ Guardian 1 (Primary learning facilitator)

(first)		(mi)	(last)
Relationship to stude	nt		
Oldest Student's Full	Legal Name		
	(first)	(middle)	(last)
Date of Birth:			Gender: Male [ ] Female[ ]
	MM /DD / YYYY		
Enrolling in Grade: [_	] K 1 2 3 4 5 6 7 8 9 10 11 12		
-			
or other designation _	***To receive high sch	nool credit the range must in	dicate / include 9-12***
School District in which	ch student resides: ***Not school of		
	***Not school of	zone, we need the City or (	County District***
Last/current school s			Date withdrawn: st form with this application.
This inclu			t homeschoolers through their school district
	LEARNING	RESOURCES AND/OR CURR	ICULUM LIST
We follow this/thes	e learning philosophies: [ ]Stru	ctured, [ ]Unit Studies, [	]Experiential, [ ]UnSchool, [ ]Eclectic,
other:			
51 11.			
(please note packaged of	or online curriculum you may or online curriculum is not required)	be using	
Please list at least o	one: book, activity, event, or re	source you could use to	facilitate learning for this student in each are
	•		one area. Use a different item for each area:
Language Arts	<del></del>		
Mathematics			
Science			
Social Studies			
Physical Education			
Wellness			
Music		<del> </del>	
Arts			
Foreign Language _			
Community Service			