

Name: *Parent/Guardian 1 (Primary Learning Facilitator)*

(first)

(mi)

(last)

Relationship to student

Address:

(street)

(city)

(state)

(zip)

Phone(s): home

cell

\*Email:

**\*\*\*Please print and indicate @, numerals (0 1 2 3 4 5 6 7 8 9), underscores - and hyphens - clearly.**

Name: *Parent/Guardian 2 (Additional Learning Facilitator)*

(first)

(mi)

(last)

Relationship to student

Address:

(street)

(city)

(state)

Phone(s): home

cell

\*Email:

**\*\*\*Please print and indicate @, numerals (0 1 2 3 4 5 6 7 8 9), underscores - and hyphens - clearly.**

\*At least one parent is required to join our announcements email list and Facebook Group and agree to check his/her email *at least weekly*.  
Teacher and student ID cards will be emailed after paperwork and fees are processed.

One parent / guardian should have a high school diploma or GED equivalent.

*If you do not, please contact us via email prior to submitting registration / enrollment applications to explore your options.*

*Prior truancy, suspension, expulsion, and misdemeanor issues are not necessarily grounds that prohibit enrollment.*

*Please contact us via email prior to submitting registration / enrollment application to explore options.*

***Failure to disclose these issues prior to enrollment may result in removal of student from this program.***

*Pregnant students and students who are also parents are welcome to enroll in our program.*

**(1)** Please tell us why you are interested in being affiliated with 5 Point Learning Academy Satellite Program. **(2)** Please describe your philosophy of learning (structured, unit studies, eclectic, experiential, unschool, etc.) **(3)** Please share a few of your favorite home/community based learning resources.

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Please initial indicating that you have read the below statements.

\_\_\_\_ I have read and understand 5 Point Learning Academy - Satellite Program Registration and Enrollment Polices and the 5 Point Learning Academy - Satellite Program Handbook and agree with the rules and regulations.

\_\_\_\_ I affirm that I have legal custody and educational rights for student(s) for whom I am submitting enrollment application(s).

Signature of Parent or Guardian

Date

5 Point Learning Academy  
Rev. Shari B Yetto, HPs, Principal

Any legal information provided is for informational purposes only and should not be considered complete, professional legal advice.