

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.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Please initial indicating that you have read the below statements.

\_\_\_\_ I have read and understand 5 Point Learning Academy - Satellite Program Registration and Enrollment Policies 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.

*Where the World is Your  
Classroom and You are  
the Stars!*