

Sibling 1 (Note: Not the student listed on page 2)

Please print and use dark black ink / type

Parent 1/ Guardian 1 (Primary learning facilitator)

(first) (mi) (last)

Relationship to student

Student's Full Legal Name

(first) (middle) (last)

Date of Birth:

MM/DD/YYYY

Gender: Male [ ] Female [ ]

Enrolling in Grade: [ ] K 1 2 3 4 5 6 7 8 9 10 11 12

or range

or other designation

\*\*\* To receive high school credit the range must indicate / include 9-12

School District in which student resides:

(Not the school zone, we need the City or County District)

Prior /current school

Date withdrawn:

Transfer students: submit a completed transfer request form with this application.

LEARNING RESOURCES AND/OR CURRICULUM LIST

Please list any packaged or online curriculum you may be using

(please note packaged or online curriculum is not required)

Please list, at least, one book, activity, event, or resource you could use to facilitate learning for this student in each area (whether you are covering that area this year or not ). Please do not list an item for more than one area. Use a different item for each area:

Language Arts

Mathematics

Science

Social Studies

Physical

Education

Wellness

Music

Arts

Foreign Language

Community Service

Sibling 2

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You can request additional sibling forms by emailing: fivepointlearningacademy@yahoo.com or download from the Facebook Group: https://www.facebook.com/groups/5PLASP/