



FAMILY LEARNING ACADEMY



School Year ____ - ____

FLA Advisor Initial ____

Application for Enrollment

This is the *beginning* of your application process. All items below should be answered completely.

Please use bold black ink and print neatly.

Please note: The information you provide will be used to report data required by the Delaware Department of Education, to assign an FLA Advisor, and to register you on our website for communication purposes. Your names and contact information will be available for FLA member viewing and membership directory only. Complete contract information is available to administration only. Website registration information and log-in details will be emailed to you when your application and tuition payment have been processed.

Student Information

Name (first/middle/last)	Birthdate (MM/DD/YY)	Grade	Required by Dept. of Ed.	
			Gender (M/F)	Race

Parent Information

Father's full name _____

Mother's full name _____

Mailing Address _____

City _____ State _____ Zip code _____

Circle County New Castle Kent Sussex School District _____

Phone () _____ E-Mail address _____

If Transferring From Another School (use separate paper if necessary—do not write on the back)

School's Name	Address	Phone Number	Principal's Name
---------------	---------	--------------	------------------

For office use only

Tuition Payments: (Payable to Family Learning Academy)

\$85 per Semester (2nd payment due 01/15/18)

\$150 for the Year (\$20 savings)

Additional Fees:

\$50 First Year Family (Due with Registration)

\$25 *Returning* High School Family (Due with Registration)

\$25 Late Fee if Registering After August 15

DATE APPLICATION RECEIVED _____

Received by: _____

Check # _____ or Cash

Total Amount Received _____

Website Registered _____ By _____

Conduct Policy

Family Learning Academy has set the following requirements for any FLA-sponsored public functions (FLA meetings, classes, graduations, talent shows, field trips, and other activities). When you and your family attend an FLA sponsored event, you must keep your children under control in a firm manner, without screaming or loudly threatening them. If necessary, take them to a private area for discipline.

If you feel the need to discipline your children using corporal punishment, this must be done in private (car, bathroom, or when you get home). Because of our society's view of corporal punishment (whether right or wrong!), an observer of corporal punishment could decide to call authorities, which would have a negative impact on homeschooling in general and FLA in particular.

We are not condoning nor condemning corporal punishment; we are simply stating that it shall not be done in public during an FLA event.

Health Record Forms (download from website: <http://familylearningacademy.org>)

State law requires all FLA students to have a health form on file with the school, with current shot records based on their most recent physical examination and signed by their physician. Your child does not necessarily need to have a new physical examination. Most students transferring from public or private schools will already have a health form in their school records. If you are a returning family and have a child entering kindergarten, you must submit a health form for that child.

Teacher Contract

By signing this contract, you are agreeing to abide by Family Learning Academy's requirements. If a family with membership in FLA does not abide by these requirements or does not appear to be homeschooling, the Board of Directors reserves the right to terminate this contract.

While FLA attempts to support homeschool families of varying beliefs, our Statement of Faith does affirm a belief in the teaching and truth of the Bible. Because our meetings, group emails, co-ops, field trips, and most library material will reflect and promote this worldview, we ask that your membership application be submitted only if this is acceptable to you.

I (we) hereby acknowledge my (our) willingness to abide by all FLA policies and deadlines.

SIGNATURE OF PARENT(S)

DATE

Please notify the FLA director and your Advisor if any of the information in this contract changes or if you are planning to move from the area or decide to leave FLA for other reasons.

Advisor Additional Contact _____

OFFICE USE ONLY

FLA Advisor Assigned _____

Advisor Record of 1st Semester Contact _____

Notes:

Advisor Record of 2nd Semester Contact _____

Parent's Last Name _____

Employment Schedule

Please use bold black ink and print neatly.

For each parent, provide the following information:

Indicate hours of day worked (e.g. 9 a.m.-5 p.m.)

	Sun	Mon	Tues	Wed	Thurs	Fri	Sat
Father Place of Employment _____ Work Phone # _____							
Mother Place of Employment _____ Work Phone # _____							

General Information

1. Are you legal guardian(s) of all children listed? **Yes / No**

Do all legal guardians for these children live at the stated address? **Yes / No**

If the answer to either of these questions is no, please briefly explain.

2. Do you have a special needs student? **Yes / No** *If the answer is yes, please briefly explain.*

3. Are you a member of Homeschool Legal Defense Association (HSLDA)? **Yes / No**
If not, are you interested in using FLA's discount group number to join? **Yes / No**

4. Do you give permission for FLA to use photographs (without names) for publications? **Yes / No**

For new families only:

1. How did you hear about FLA?

2. Have you ever homeschooled any student before? **Yes / No**

If the answer is yes, please list the number of years you homeschooled and any homeschool organizations to which you belonged.

Family Learning Academy, Inc. has a policy of non-discrimination and admits students of any race, color, national and ethnic origin to all the rights, privileges, programs, and activities of the school.

Parent's Last Name _____

Curriculum Plan Grades K-8

(One form is needed for each elementary & junior high student. Permission to duplicate.)

STUDENT'S NAME _____ GRADE _____

=====

Please briefly indicate the textbooks, workbooks, unit studies, and activities that you are planning to use in teaching each subject. If you feel the need to make changes in this plan during the school year, you are free to do so. If you need help with curriculum decisions or want to make major revisions in your plan, contact your Advisor. If you have a child with special needs, indicate that on the curriculum plan.

Please use bold black ink and write clearly. Do not write on the back of the page. If needed, use an additional sheet of paper.

REQUIRED

1. **Language Arts** (Reading, Grammar, Writing, Spelling, Phonics)

2. **Mathematics**

3. **Social Studies/History**

4. **Science**

5. **Physical Education**

Other: Art, Music, Foreign Language, Drama, Computer Instruction

Parent's Last Name _____

Curriculum Plan Grades 9-12

(One form is needed for each high school student. Permission to duplicate.)

STUDENT'S NAME _____ GRADE _____

=====

Please briefly indicate the textbooks, workbooks, unit studies, and activities that you are planning to use in teaching each subject. If you feel the need to make changes in this plan during the school year, you are free to do so. If you need help with curriculum decisions or want to make major revisions in your plan, contact your Advisor. If you have a child with special needs, indicate that on the curriculum plan.

Please use bold black ink and write clearly. Do not write on the back of the page. If needed, use an additional sheet of paper.

Core Subjects

Number of Credits Anticipated*

1. **English** (literature, grammar, writing) _____

2. **Mathematics** _____

3. **History** _____

4. **Science** _____

Electives

* Six credits per year minimum are necessary to achieve 24 credits required to graduate in four years.