



FAMILY LEARNING ACADEMY



Application for Enrollment School Year

FLA Advisor Initials _____

Please type all answers using this fillable form.

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.

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

Name (First Middle Last)	Birthdate	Grade	Gender	Race

Parent\Guardian Information

Guardian 1 Full Name: _____

Guardian 2 Full Name: _____

Mailing Address: _____

City: _____ State: _____ Zip Code: _____

County: New Castle Kent Sussex School District: _____

Phone: _____ E-Mail address : _____

Mobile Phone Numbers: _____

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 January 15)

☐ \$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 "Back To School Night"

DATE APPLICATION RECEIVED _____

Received by: _____

☐ Check # _____ or ☐ Cash

Total Amount Received _____

Website Registered _____ By _____

Parent's Last Name:

Employment Schedule

For each guardian, provide the following information:

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

	Sun	Mon	Tues	Wed	Thurs	Fri	Sat
Guardian 1 Place of Employment							
Work Phone #							
Guardian 2 Place of Employment							
-							
Work Phone #							

General Information

- 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.
- Do you have a special needs student? **Yes** **No**
If the answer is yes, please briefly describe the special needs of your student(s).
- 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**
- Do you give permission for FLA to use photographs (w/o names) for publications? **Yes** **No**

For new families only:

How did you hear about FLA?

Have you ever homeschooled any student before? **Yes** **No**

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

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 below. 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.

Do not write on the back of page. If needed, use an additional sheet.

REQUIRED

Language Arts (Reading, Grammar, Writing, Spelling, Phonics)

Mathematics

Social Studies/History

Science

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 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 below. 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.

Do not write on the back of page. If needed, use an additional sheet.

Core Subjects

1. **English** (literature, grammar, writing) # of Credits Anticipated

2. **Mathematics** # of Credits Anticipated

3. **History** # of Credits Anticipated

4. **Science** # of Credits Anticipated

Elective 1 # of Credits Anticipated

Elective 2 # of Credits Anticipated

Elective 3 # of Credits Anticipated

Elective 4 # of Credits Anticipated

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