

5 Point Learning Academy - Satellite Program

Administrative Office

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JULY 1, 201_ - JUNE 30, 201_
ANNUAL APPLICATION FOR ENROLLMENT OF NEW STUDENT OF RETURNING FAMILY

Please print and use dark black ink or type

Parent 1/ Guardian 1 (*Primary learning facilitator*)

_____ (first) (mi) (last)

Relationship to student _____

This student is Oldest child _____ or sibling _____.

New Student's Full Legal Name _____
(If Applicable) (first) (middle) (last)

Date of Birth: _____ Gender: Male [] Female []
MM/DD/YYYY

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 school zone, we need the City/State or County/State District

Last/current school student was enrolled in: _____

Date withdrawn: _____
Transfer students: submit a completed Transfer Request form with this application.

LEARNING PLAN AND/OR CURRICULUM LIST

We follow this/these learning philosophies: [] Structured, [] Unit Studies, [] Experiential, [] UnSchool, [] Eclectic,
other: _____

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 different book, activity, 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 _____

5 Point Learning Academy
Where the World is Your Classroom and You are the Stars!