



Homeschool & Virtual Learning Intent to Enroll Form

Register online or complete this registration form to reserve your child's place in the entering class. You can return this form along with the \$65 registration fee by mail or in person at our facility. Please note that this deposit is non-transferable and non-refundable. Registrations will be processed in order of post-mark date. Incomplete registration forms will not be processed. Phone-in or fax registration forms will not be accepted.

1. Primary Parent/Guardian Contact		
Name		Driver's License #:
Street Address:		
City:	State:	Zip:
Home Telephone:	Cell:	Email:
2. Second Parent/Guardian Contact		
Name:		Driver's License #:
Street Address:		
City:	State:	Zip:
Home Telephone:	Cell:	Email:
Relationship:		

3. **Parents are:** ____ Married ____ Divorced ____ Separated ____ Widowed ____ Single

Child Information

8. Name:

First Name Last Name Nickname

9. **Date of Birth**

Month:

Day:

Year:

10. **Age:** ____

Gender: Male ____ Female ____

11. Does your child have any mental health related concerns? If so, please describe below:

12. Has the student had testing for a learning and/or emotional behavior disability? If so, please state:

Date(s): _____ Who performed testing: _____

Results/Diagnosis testing: _____

13. Does the student have any of the below? If so, please provide EduFirst Career & Technical Academy with a copy.

An SST

Behavior Intervention Plan

An IEP

A Section 504 Plan

If so, what is the student's primary qualifying criteria for the item checked above?

Parent/Guardian's Signature:

Today's Date: