



PRIVATE SCHOOL SATELLITE PROGRAM (PSP)
ENROLLMENT APPLICATION

Academic Year _____

Parents _____
 Last Father Mother

Address _____
 Street City Zip

Phone _____
 Home Cell

_____ Email Fax# Dedicated Line? Y or N

Father's Occupation _____ Work # _____

Mother's Occupation _____ Work # _____

Will the primary educator be working outside the home? Y or N How many hours? _____

If primary educator will be working inside or outside the home please explain how your school will operate:

Children's Information

List all children in family. If a school age child is not enrolling in ROA, please explain or list school.

Name	Sex	Birthdate	Age	Grade	Enrolling in ROA?
_____	M / F	_____	_____	_____	_____
_____	M / F	_____	_____	_____	_____
_____	M / F	_____	_____	_____	_____
_____	M / F	_____	_____	_____	_____
_____	M / F	_____	_____	_____	_____

How many years home schooling have you completed? _____

Does any member of your family receive any state or federal monies, or any form of public assistance? Y or N If yes, please attach a note of explanation.

Are you or any of your children affiliated with the public school system in any way? Y or N If yes, please attach a note of explanation.

Do you suspect that any of your children might have special needs? Y or N If yes, please attach a note of explanation.

What is your primary reason for enrolling in a Private School Satellite Program? _____

Does your family regularly attend church? Y or N

If yes, which one? _____ How long? _____ Are you members? Y or N

State in a concise manner your reasons for educating your child(ren) at home.

Home School Legal Defense Association (HSLDA)

Membership in the Home School Legal Defense Association (HSLDA) is a condition of enrollment for Royal Oaks Academy. Please provide the following information:

My HSLDA membership # is: _____ Effective through date: _____

If you are not a current member you may go to www.hsllda.org and sign up. To receive the Royal Oaks Academy discount price of \$85.00 you must enter our group number #297246.

By signing below we are requesting enrollment of our child(ren), as named on this application, in the Royal Oaks Academy Private School Satellite Program. We understand that payment of tuition and the *Private School Satellite Program (PSP) Contract* and *Parent's Teaching Qualifications* forms are required when submitting this application as well as an Immunization Record (or signed exemption) and a copy of a birth certificate for each child. **We also understand that enrollment is based on our current and continued membership in HSLDA.** We declare all the above information to be true.

Father's or guardian's signature _____ Date _____

Mother's or guardian's signature _____ Date _____

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