

**ON-SITE PRIVATE SCHOOL PROGRAM**  
**ENROLLMENT APPLICATION**

Academic Year \_\_\_\_\_

Parents \_\_\_\_\_  
 Last Father Mother

Address \_\_\_\_\_  
 Street City Zip

Phone \_\_\_\_\_  
 Home Father's Cell Mother's Cell

\_\_\_\_\_ Email Fax# Dedicated Line? Y or N

Father's Occupation \_\_\_\_\_ Work # \_\_\_\_\_

Mother's Occupation \_\_\_\_\_ Work # \_\_\_\_\_

**Children's Information**

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

<u>Name</u>	<u>Sex</u>	<u>Birth Date</u>	<u>Age</u>	<u>Grade</u>	<u>Enrolling in ROA?</u>	<u># of Days Per Week</u>
_____	M / F	_____	_____	_____	_____	_____
_____	M / F	_____	_____	_____	_____	_____
_____	M / F	_____	_____	_____	_____	_____
_____	M / F	_____	_____	_____	_____	_____

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 an On Site Private School Program?

\_\_\_\_\_  
\_\_\_\_\_

Does your family regularly attend church? Y or N

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

**If you are participating in the On-Site Private School Program as a parent/teacher and are responsible for some of the days of schooling please complete the following:**

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:

\_\_\_\_\_  
\_\_\_\_\_

How many years home schooling have you completed? \_\_\_\_\_

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

\_\_\_\_\_

**Home School Legal Defense Association (HSLDA)**

If you are participating in the On-Site Private School Program as a parent/teacher and are responsible for some of the days of schooling then membership in 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](http://www.hsllda.org) and sign up. To receive the Royal oaks Academy discount price of \$85.00 you must enter our group number of #297246*

**All forms and payment are due by July 10<sup>th</sup>**

By signing below we are requesting enrollment of our child(ren), as named on this *Enrollment Application*, in the Royal Oaks Academy On Site Private School Program. We understand that one half of the first month's tuition and the *On-Site Private School Program Contract, On-Site Private School Program – Disclaimer, Waiver, Release, and Request For Student Cumulative Records* (if transfer student) forms are required when submitting this application as well as an Immunization Record from a medical provider (or signed exemption) and copy of a birth certificate for each child. We also understand that if we are participating as a parent/teacher we must submit the *Parent's Teaching Qualifications* form and that enrollment will be 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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