



Eleanor Roosevelt Community Learning Center

Application for Enrollment 2017-2018

Date _____

Male

Student's Legal Name: _____ Date of Birth: _____ Female
Last Name First Name Middle Name Mo/Day/Year

Parent 1/Guardian's First Name _____ / _____ / _ (____) _____ / _ (____) _____
Last Name Home Phone Cell/Work Phone

Parent 2/Guardian's First Name _____ / _____ / _ (____) _____ / _ (____) _____
Last Name Home Phone Cell/Work Phone

Mailing Address _____ City _____ State _____ Zip Code _____

Residence Address (IF DIFFERENT) _____ City _____ State _____ Zip Code _____

Email address _____

Name of last school attended: _____ Last Day of Attendance _____
Name of School City/State Phone No.

Semester and year of enrollment: Fall _____ Spring _____ Grade level when entering ERCLC: _____
Year Year

Eleanor Roosevelt is a public school that supports families that want to teach their children at home. It is essential that parents take an active role in working with the credentialed teachers at our school to plan their child's educational program and work with their child. It is not acceptable to expect your child to do their schoolwork on their own. Who will be the person who will commit to teaching your child? _____

Why are you interested in home schooling your child? _____

Please describe your child's previous educational experiences. Any particular problems? _____

If your child participates in on-site classes, will there be someone to provide transportation and be available to pick up your child in the case of an emergency? Yes _____ No _____

How did you hear about us?
Referral from _____ Other _____

HIGH SCHOOL APPLICANTS When applying for grades 9-12, please submit a transcript from your previous school including your grades and discipline record. These can be obtained through your school's registrar. Your application cannot be considered without these documents.