



Pioneer Family Home School

Private School Satellite Program

Family Application

Family Information:

*Last name: _____ *Father: _____ *Mother: _____

Address: _____ City: _____ State: _____ Zip: _____

Telephone: (____) _____ - _____ *Academic Year 20 _____ - _____ *Date: _____

E-mail: _____

(All communication will be conducted through email unless otherwise requested.)

I will submit reports cards by: (circle one)

E-mail please mail me hard copies I will print off hard copies and mail

*Children being enrolled:

Name	Sex	Birth Date	Birth Place: City & State	Grade

Additional Information:

Marital Status: Married Remarried Divorced Single Widowed

Pupil lives with: Both Parents Mother Father

Does your child have a learning disability? Yes No Which Child: _____ If so, on a separate sheet of paper, please describe the disability and your strategy for working with it.

Is your child enrolled in Pioneer Family Academy **Day School** full time? Yes No

Will you school year be: Standard (9 month) program Year round

*How many years of home schooling have you complete? _____

HSLDA membership number: _____ *Expiration date: ____/____/____

On the back of this page, briefly describe why you have chosen to Home Educate your child/children.

Returning families only need to complete the items with an asterisk, unless the other information has changed.