**ENROLLMENT IN FLEXIBLE LEARNING PROGRAM (FLP)**

**School Year:**

**[NAME OF SCHOOL/SCHOOL DISTRICT]**

🗆 Yes, I would like for my child to participate in the Flexible Learning Program.

🗆 No, I do not wish for my child to participate in the Flexible Learning Program.

**Please Print**

Student’s Name:

Address:

Phone Number: **Daytime** ( ) **Evening** ( )

Student’s School:

Student’s Grade: Gender: Male🗆 Female 🗆

Parent/Guardian’s Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 (Please Print)

Parent/Guardian’s Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_