

# Teen Learning Center Application for Participation

Name: \_\_\_\_\_ Date: \_\_\_\_\_

Address: \_\_\_\_\_

E-Mail: \_\_\_\_\_ Phone : ( \_\_\_\_\_ ) \_\_\_\_\_

Children's Names & Current Grades/ Ages:

_____	Age _____	Grade _____
_____	Age _____	Grade _____
_____	Age _____	Grade _____
_____	Age _____	Grade _____

List additional children on the back.

What homeschool support group are you currently a member of? \_\_\_\_\_

How did You Find Out About TLC? \_\_\_\_\_

How many years have you been homeschooling? \_\_\_\_\_

Why did you choose to homeschool? \_\_\_\_\_

What are your reasons for wanting to participate in TLC? \_\_\_\_\_

What classes are you willing/able to teach?

_____	_____
_____	_____
_____	_____

What classes are you interested in for your students?

_____	_____
_____	_____
_____	_____

Did you read our Policies? Yes \_\_\_\_\_ No \_\_\_\_\_

Are you and your children willing to conform to TLC's structure? Yes \_\_\_\_\_ No \_\_\_\_\_

Are you and your children completely in agreement with TLC's structure and policies?

Yes \_\_\_\_\_ No \_\_\_\_\_

Do you have any concerns concerning the structure or policies? Yes \_\_\_\_\_ No \_\_\_\_\_

Please explain: \_\_\_\_\_

Are there any behavioral issues with your children? Yes \_\_\_\_\_ No \_\_\_\_\_

Please explain: \_\_\_\_\_

Do you understand and accept the "Three Strikes and You're Out" Policy? Yes \_\_\_\_\_ No \_\_\_\_\_

Are there any learning issues with any of your children? Yes \_\_\_\_\_ No \_\_\_\_\_

Please explain: \_\_\_\_\_

Are you willing to supervise and/or assist your child at home in making sure assignments are completed on time?

Yes \_\_\_\_\_ No \_\_\_\_\_