

Harrisburg FLEX Academy Enrollment Application 2023-2024 School Year

Student's First Name:	
Student's Last Name:	
Student's Email:	
Student's Date of Birth://	Student's Age:
Grade for 2023/2024 School Year:	
Gender (circle one): Male Female Prefer not to a	nswer
Home Address: City:	Zip:
Do you plan to earn a (circle one): High School D	Diploma GED
Student Medical or Health Problems:	
Health Plan with School? If yes, please explain	
Is there an IEP or 504 on file?	
Is the student an English Language Learner/ELL Stud	ent? (circle one): Yes No

Parent/Guardian/1st Learning Coach's Name:	·····
Home Address (if different from above): City:	Zip:
Best Contact Phone Number:	
Alternante Phone Number:	
Email Address:	
Parent/Guardian/1st Learning Coach's Name:	
Home Address (if different from above): City:	Zip:
Best Contact Phone Number:	
Alternante Phone Number:	
Email Address:	
If accepted, I am committed to participating in the understand that enrollment in any Harrisburg Puble agree to abide by the Program and school district that all statements made on this application are the	ic Schools' program is voluntary. I policies and procedures. I certify
Guardian's Signature:	Date:
Student's Signature:	_ Date:

I give my permission for the applicant's participation in the program. I also authorize a free exchange of information and records pertaining to the applicant between agencies in order to give the most complete and thorough services available. Unless revoked in writing, this release and exchange shall remain in force for the duration of the applicant's enrollment.

Guardian's Signature:	 Date:	

Student's Signature: _____ Date: _____

Are you currently enrolled within the Harrisburg District? (circle one) Yes No

If not, which district and school you are currently enrolled in?

Are you in good standing with your current school? Attendance, behavior, and grades? (circle one): YesNo

If no, please explain: _____ Program(s) of Interest (Choose all that apply):

- Digital Learning
- Hybrid (mix of digital and in-person)
- At Home Learning Curriculum

Courses/Curriculum of interest in each program selected: _____

Does the student have access to a computer and internet service to access online programs? (circle one): Yes No

Parents: Why are you interested in the FLEX Academy for your child at this time?

What factors impacted your student's ability to be successful (positive/negative) during distance learning? Was your child successful or did he/she face challenges? Please explain.

What support do you feel your child would need to be successful?

Do you understand the expectations and time commitment necessary as the parent/guardian/learning coach at this level? At this level, parent/guardian/learning coach support and involvement is crucial to be successful (circle one): Yes No

Do you understand that it is expected that all students follow the rules of the FLEX Academy classroom when present in the classroom? (circle one): Yes No

Do you have any questions or concerns you would like to talk to us about?