

SLVUSD CHARTER SCHOOL HOMESCHOOL INTAKE

PARENT NAME _____ **PHONE** _____

STUDENT NAME _____ **GRADE LEVEL** _____

Email Address _____

Where is the student currently enrolled? _____

Have you checked out of your current school? _____

1. How did you hear about SLVUSD Charter School? _____

2. Have you ever homeschooled before? If yes, please explain when and where.

3. What brings you to our school/program? _____

4. What do you consider to be your greatest homeschooling focus and/or challenges?

5. Are you seeking regular classroom days? _____

6. Is this a decision made primarily by you, the student, or both? _____

7. How often does the student read? _____

8. Is the student self-motivated? Please give an example. _____

9. Are you a stay-at-home parent or do you work outside the home? _____

10. Who will be teaching the student at home? _____

Siblings? _____ Age: _____
_____ Age: _____

11. What are your long-term homeschool plans? _____

Student's Strengths: _____

Student's Weaknesses: _____

Parents' Concerns: _____

Support System: _____

Student's Special Interests (sports, theater,
art, music)? _____

Notes: _____

For Office Use:

Date Contacted: _____

Regarding: _____

Class/Program Visitation? _____ **Date:** _____

Spoke with teacher? _____ **Date:** _____