

**FULTON COUNTY SCHOOLS
FLEXIBLE LEARNING PROGRAM (FLP)
2015-2016
Registration Form
SECOND ENROLLMENT**

Please check the box below, indicating whether you would like for your child to participate or not participate in the school's Flexible Learning Program this year.

The school's FLP personnel will contact you via phone or letter, prior to the program's start date, to notify you if your child has been selected to receive the FLP services, or if your child has been placed on a waiting list due to capacity. Also, if your child is selected, the FLP school's personnel will notify you of the child's FLP service schedule.

Yes, I would like for my child to participate in the FLP during the 2015-2016 school year.

No, my child will NOT participate in the FLP during the 2015-2016 school year.

If you selected **No**, briefly check all that may apply:

_____ participating in another instructional activity

_____ sports (athletics)

_____ other _____

Please Print

Student Name _____

Address _____

Phone number (home) _____ Phone number (cell or work) _____

Student's School TRI-CITIES HS Student's Grade _____

Parent/Guardian's Name _____

Parent's e-mail address _____

Parent/Guardian's Signature _____

Please return this form to the school's main office or Creseda Hawk, the FLP contact.

TITLE I OFFICE USE ONLY

Parent Application Sent Home/Made Available Online _____

Parent Telephone Contact _____

Parent Did Not Respond _____

Student Approved: ____ Yes ____ No

Title I Personnel Initials: _____

Date: _____