

Revolutionary Learning Center Information Form

Parent name: _____

Student name: _____

Parent phone: _____

Current grade: _____

Parent email: _____

School: _____

Has your child ever been homeschooled before? Yes No

If yes, what curriculum have you used?

Has your child ever used FLVS before? Yes No

Does your child have a 504 or IEP? Yes No

If yes, what services is your child receiving?

What are your child's greatest challenges to learning?

Has your child ever been tested? Yes No

What were the diagnoses received? _____

What age? _____ Is your child taking medication? Yes No