



**GO EXL**

provide lasting educational practices, build faith,  
inspire excellence & develop confidence in learning

**PO Box 1246 Logandale, NV 89021**

**K-5**

**Private School Program**

**2023-2024**

**Registration Packet**

*GO EXL, Academy*

# Gateway Opportunities for Exceptional Learning, INC.

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## Kindergarten Plus Homeschool

### Registration Form

Student Name: \_\_\_\_\_ Age: \_\_\_\_\_

Last grade completed: \_\_\_\_\_

Birthday: \_\_\_\_\_ Birth order: \_\_\_\_\_ # of siblings \_\_\_\_\_

Parent/Guardian: \_\_\_\_\_

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

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

Married  Divorced  Single Parent  Widowed

#### Contact Information:

Phone # \_\_\_\_\_ Cell Phone \_\_\_\_\_

Email address: \_\_\_\_\_

Do we have permission to send you a text message? \_\_\_\_\_ Yes \_\_\_\_\_ No

In case you cannot be reached please provide an alternative contact.

Name \_\_\_\_\_ Relation \_\_\_\_\_

Phone # \_\_\_\_\_ Cell Phone \_\_\_\_\_

Those authorized to pick up my child from preschool:

Name: \_\_\_\_\_ Contact info: \_\_\_\_\_

Name: \_\_\_\_\_ Contact info: \_\_\_\_\_

Name: \_\_\_\_\_ Contact info: \_\_\_\_\_

Name: \_\_\_\_\_ Contact info: \_\_\_\_\_

Name: \_\_\_\_\_ Contact info: \_\_\_\_\_

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## Medical History:

Please provide us with a brief medical history of your student:

Allergies: (Be sure to list food allergies and how severe those allergies are)

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## Other Medical Conditions:

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Primary physician: \_\_\_\_\_

Phone # \_\_\_\_\_

## Insurance information:

Company: \_\_\_\_\_

Policy # \_\_\_\_\_ Group # \_\_\_\_\_

In case of emergency, I give the teachers of PLS preschool permission to treat me child including transporting them to the nearest urgent care facility.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Disclosure:

## Gateway Opportunities for Exceptional Learning, INC.

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GO EXL Academy is a nonprofit Private Christian School. Our teachers are trained in Neurological-Physical Connection Therapy (NPCT), in other words, each of our teachers are trained in the process of learning; how the brain takes in and processes information. They are trained on how to recognize potential learning problems, which need to be addressed right away. Our goal is to prevent learning problems using the brains own neuroplasticity and physical and mental exercises scientifically proven to develop and connect neurological pathways. NPCT is integrated into our curriculum. When we see a problem arise, we will then contact the parent and provide exercises for the child to do at home much like physical therapy. By working together, we will insure your child a life time of successful learning.

Other ways we are different: As a Private Christian school we will begin each day with the Pledge of Allegiance, National Anthem and prayer. Biblical references, ABEKA Curriculum with me used along with techniques and curriculum of Permanent Learning Solution's, LLC. Each child will be given the opportunity to conduct the Pledge and National Anthem, however, Prayer is offered on a volunteer basis. We welcome all denominations. If you have a special way of offering prayer please let us know, otherwise we will go with the way we pray.

We are continuously looking for ways to improve our program to provide our students with the best education possible. Our goal is to stop learning problems before they start. To monitor our progress and to help us improve we would ask for your permission to track your child's educational progress up through the 3<sup>rd</sup> grade.

**More information is available in the GO EXL, Academy handbook.**

By signing below, you commit to helping us track your child's educational experience. By so doing, if we see signs of a learning problem, we promise to provide solutions to these problems with the use of Neurological-Physical Connections Therapy. (*Additional fees may apply*)

*I give permission for those at Permanent Learning Solutions, LLC to track my child's progress through the 8<sup>th</sup> grade. I promise to provide them with grades as well as teacher contact information. Furthermore, I give permission for GO EXL/Permanent Learning Solutions, LLC to speak with my child's teacher concerning their progress.*

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