

Mighty Roots Academy

The mission of Mighty Roots Academy is to provide active, multiage learning in a nature rich environment.

Application for Enrollment

Mother's/Guardian 1's Name: _____

Father's/Guardian 2's Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Child(ren) reside at this address with: (mark one)

Both Parents

Mother

Father

Guardians/Other

Phone Number: _____

Phone numbers and emails for communication purposes:

Mother's/Guardian 1's Cell: _____ Email: _____

Father's/Guardian 2's Cell: _____ Email: _____

Mark **preferred direct communication** regarding your child(ren).

Child's Full Legal Name	Child's Birthday (month/day/ year)	Homeschool Academy Yes/No	Creative Options Yes/No	Discovery Day Yes/No
1.				
2.				
3.				
4.				
5.				

With this Application you MUST:

- Submit Payment of Enrollment Fee
 - See individual program requirements
- Submit electronically the Course Selection Form for the corresponding program

Mighty Roots Academy
Address:

Phone: 816-873-2022
3600 Blue Ridge Blvd,
Grandview, MO 64030

Email for Homeschool Academy:
Email for Creative Options/Discovery Days:

tracy@mightyrootsacademy.com
renee@mightyrootsacademy.com

Mighty Roots Academy

Application for Enrollment *(continued)*

How did you find out about Mighty Roots Academy: Homeschool Academy Program?

What are your expectations from Mighty Roots Academy programs?

Briefly describe your child's (children's) educational history.

Has your child ever been dismissed from a school or program for behavioral or disciplinary reasons? If so, please explain the situation.

Do any of your children have learning problems or special situations/concerns? If so, please explain.

(Optional) Has your family ever participated in another homeschool program or group that offers a classroom experience? Please describe and, if applicable, tell us why your family is no longer involved with that group.