

# Mighty Roots Academy

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

## Family Application for Enrollment

Father's Name: \_\_\_\_\_

Mother's Name: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

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

Both Parents     Mother     Father     Other

Phone Number: \_\_\_\_\_

Mark preferred phone number and email for communication purposes

Mother's Cell: \_\_\_\_\_  Email: \_\_\_\_\_

Father's Cell: \_\_\_\_\_  Email: \_\_\_\_\_

Child's Full Legal Name	Child's Birthday (month/day/year)	Home- school Academy Yes/No	Creative Options Yes/No	Forest School Yes/No
1.				
2.				
3.				
4.				
5.				

### **With this Application you MUST submit:**

- Payment of Enrollment Fee
  - See individual program requirements
- Course Selection Sheet for each program for each student being enrolled.
- Mail or email application and course selection sheet.
- Mail payment or pay via PayPal

Mighty Roots Academy

Email: [tracy@mightyrootsacademy.com](mailto:tracy@mightyrootsacademy.com) Phone: 816-873-2022

Mailing address: 12616 Blue Ridge Ext., Grandview, MO 64030

Program meets at: The Wedding Place 3600 Blue Ridge Blvd., Grandview, MO 64030

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## Family 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.

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