

**Georgia Department of Education
FLP Enrollment Parent Response Template**

ENROLLMENT IN FLEXIBLE LEARNING PROGRAM (FLP)

School Year: 2015-2016

AMERICUS-SUMTER HIGH SCHOOL/SUMTER COUNTY DISTRICT

Yes, I would like for my child to participate in the Flexible Learning Program.

No, I do not wish for my child to participate in the Flexible Learning Program.

Please Print

Student's Name: _____

Address: _____

Phone Number: **Daytime** (____) _____ **Evening** (____) _____

Student's School: _____

Student's Grade: _____ Gender: Male Female

Parent/Guardian's Name _____

(Please Print)

Parent/Guardian's Signature: _____ Date: _____