

DIVERSITY LEARNING ACADEMY, LLC  
3861 LONG PRAIRIE ROAD, SUITE 102  
FLOWER MOUND TEXAS 75028

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**Date**

**Student Name**

**Grade Level**

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**Parent/Guardian Name**

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**STUDENT INFORMATION**

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**Parent Cell Phone**

**Student Cell Phone**

**Email Address**

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**Address**

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**City**

**State.**

**ZIP Code**

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**GRADE LEVEL/TUTORING NEED**

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**Enrollment Date**

**Withdrawal Date**

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**HEALTH INFORMATION (ALLERGIES/OTHER)**

**Other information**

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**Full time space required - \$300/week**

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**Tutoring - \$50/hr (certified teacher), \$25/30 minutes**

**Date/Time commitment**

I agree to provide prompt transportation for my student to attend the Remote Learning Center. I agree to pay registration fees (payable to Diversity Learning Academy, LLC) on 1<sup>st</sup> day of the month and provide two weeks' notice in the event this service is no longer needed. I understand attendance is elective but my registration reflects a physical and financial commitment to the center.

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Signature & Date