**Shining Starr**

**Learning Academy**

1535 Cogswell Street D-29

Rockledge, FL 32955

321-400-9044

**shiningstarrlearningacademy@gmail.com**

**Application for Intent**

***Looking for a new way for your child to learn?***

Shining Starr Learning Academy, a new private school, invites your child to be part of our Montessori Style hands-on interactive learning environment, where we will foster a love for learning. Students with dyslexia, anxiety, and processing disorder, as well as neurotypical and gifted students are welcome.

We will provide

* specialized reading instruction.
* “brain growth” activities.
* individualized assessment of student needs and progress.
* opportunities for students to explore their interests through in-school projects.
* real-life learning, including in our “grocery store” and “working” kitchen.

We will be saying the Pledge of Allegiance every day.

We will **NOT**

* assign homework, though we encouragestudents to read at home daily.
* give letter grades to students in grades 1-8 *(if a student takes a high school course they will receive a grade)*
* require parent volunteer hours, but we love our volunteers and welcome parents to spend time with our Shining Starr team.

Visit our website for more information: [**www.shiningstarrlearningacademy.com**](http://www.shiningstarrlearningacademy.com)

*Tuition is $43/day from date of enrollme*nt

Parent’s First & Last Name: ­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Cell phone # and best time to contact you: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Student name/current grade: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ IEP / 504 / FTC / Gard

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By signing below, I have read the outline above and agree with the teaching style of Shining Starr Learning Academy. Please set up an interview to see if we are accepted to SSLA.

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Signature Date signed