



2025 iwLP ENROLLMENT FORM

Please do not leave any questions unanswered. Incomplete applications cannot be accepted.

Iugo World LLC uses student and family data solely to provide requested services and adheres to all applicable privacy laws, FERPA (Family Educational Rights and Privacy Act), COPPA (Children's Online Privacy Protection Act), and CPRA (California Privacy Rights Act).

1- STUDENT INFORMATION

Name: _____ Last Name: _____

Home address: _____ Apt. _____

City: _____ Zip code: _____

Home Phone: (_____) _____ Cell Phone: (_____) _____

Email: _____ Date of birth: ____/____/____

Grade/level in Spring 2025 / Fall 2025 _____

2- PARENT INFORMATION Mother Father Other _____

Name: _____ Last Name: _____

Home address: _____ Apt. _____

City: _____ Zip code: _____

Home Phone: (_____) _____ Cell Phone: (_____) _____

Email: _____ How did you hear of iwLP? _____

3- STUDENT HEALTH

Indicate conditions that correspond to the learner -OR- **N/A** if not applicable. Do not leave this area blank.

Allergies

Food: _____

Medicine: _____

Other: _____

Medical Conditions (relevant to iwLP attendance and provided services)

Physical: _____

Cognitive: _____

Emotional: _____

Behavioral: _____

Other: _____

4- STUDENT ACADEMIC HISTORY

A- Schooling Information

School	Grade(s)	Dates	Additional Information

B- Would you like your student to take any diagnostic/placement tests?

No Yes: (Indicate subjects) _____

C- Complete the chart the best you can. Add additional subjects as needed.

Mastery scale:

4- Advanced / 3- Meets expectations / 2- Partial mastery / 1- Little or no mastery

Subject	Grade/Level	Mastery Scale	Evidence Indicator (portfolio, exam, standard achievement, etc.)
Math			
English			
Science			
Social Studies			

D- Student Learning Profile

Describes learning strengths you have observed in your learner.

Does your student require any specific learning accommodations? If so, please provide details.

What does your learner need to learn best?

E- Learning Objectives

In order to identify and establish goals and objectives for your student's learning plan, check all that apply:

- My student has a curriculum s/he will be following at iwLP

Describe curriculum: _____

- Provide a curriculum for my student (Indicate all that apply)

- Math _____
- English (Literature & Writing) _____
- Science _____
- Social Studies _____
- Spanish _____
- AP Course _____
- SAT / ACT prep _____

Other services requested:

- Academic guidance
- College counseling
- Academic psychologist (general services)
- Other (please describe)

To best tailor your student's learning plan, please share your homeschooling objectives and reasons for choosing the iwLP.

Additional comments, concerns, etc.

By signing below, I certify that all information provided in this application is true and accurate to the best of my knowledge.

Parent/Guardian name (please print)

Parent/Guardian Signature

Date