



STUDENT INFORMATION- TELL US ABOUT YOURSELF

Name: _____ Gender: male, female, other/neutral

Date of Birth: _____ Last Grade Completed: _____ Email: _____

Tell us about your last year of schooling/learning: _____

Describe a favorite activity or learning situation where you feel most alive: _____

Have you ever travelled outside of North Carolina? The United States? To where, and with whom did you travel _____

Please share your own affinities, passions, likes/dislikes in the following areas:

Writing/language arts: _____

Math: _____

Sciences: _____

Arts/Music/Performing Arts: _____

History: _____

Social, relationships, friendships: _____

Nature, outdoor skills, animals, plants: _____

Spiritual, contemplative, religious: _____

Physical, sports, biking, yoga, etc.: _____

How do you use technology- social media, internet, etc? How often during the day do you 'tune in' to a device, smart phone, computer, tablet? _____

Briefly, can you describe the learning journey that you'd create for yourself if you had absolutely NO limitations (money, imposed goals, pressures, fears, etc).

What would an ideal day of learning/school look like? _____

Where would the learning experience take place? _____

Who would be with you? _____

Is there anything else you'd like to share about yourself? _____

PARENT INFORMATION

Parent Name/s _____

Phone Numbers _____ (work/home/cell)

Email/s _____

Do you/your child live in two households? _____

Current Address/es: _____

Emergency Contacts:

Name: _____ Relationship: _____ Phone: _____

Name: _____ Relationship: _____ Phone: _____

Name: _____ Relationship: _____ Phone: _____

Tell us about your knowledge of Aeon, and experiences with holistic/alternative education:

Tell us about your child. Share you insights about his/her development in the following areas:

Academics: _____

Artistic/Musical/Performance: _____

Social, relationships, friendships: _____

Nature, outdoor skills, animals, plants: _____

Spiritual, contemplative, religious: _____

Physical, sports, biking, yoga, etc.: _____

Are there any special considerations you'd like to share regarding your child's emotional/social/cognitive/developmental needs?:

Describe your family's relationship with technology- social media, internet, etc. How often during the day does your child 'tune in' to a device, smart phone, computer, tablet? _____

Briefly, can you describe the learning journey that you'd create for your child if you had absolutely NO limitations? (money, imposed goals, pressures, fears, etc) _____

Please submit a copy of this application to thelearningvillage.sms@gmail.com. This is the first step in our enrollment process, followed by an in person listening conference and registration/payment for classes.