

Office Use Only Registration pd _____ Tuition pd. _____

REGISTRATION

Date: _____ new applicant renew School Year: _____

Parent's Names: _____

Phone: () _____ E-mail Address: _____

Street Address: _____

Mailing Address (if different): _____

School District of Residence: _____
(Name of county or city)

Please list below the full names of all the students to be taught at this address.
Include their birth dates and grade levels.

Name	D.O.B.	Grade

Are you a member of the Home School Legal Defense Association ? Yes No

If so, member number: # _____ Renewal Date: _____

Signatures of both parents or guardians are required for application

Signature of Parent or Guardian Date

Signature of Parent or Guardian Date

Signature of Church School Administrator Date