

Freedom of Choice Student Center Homeschool Summer Registration Form 2024



Student's Legal Name: _____ # ID _____
Last First Middle Office Use Only

Grade: _____ Birthdate: _____ Male: ___ Female: ___

Address: _____
Street City/State/Zip

Contact Phone: _____ Student's Mobile Phone: _____

I am enrolling for the following summer program. Check all that apply.

- | | | |
|--|--|---|
| <input type="checkbox"/> Preschool | <input type="checkbox"/> Session 1: Jul 17-Jun18 | <input type="checkbox"/> Session 2: Jul 22-Aug 22 |
| <input type="checkbox"/> Kindergarten, 1st & 2nd | <input type="checkbox"/> Session 1: Jul 17-Jun18 | <input type="checkbox"/> Session 2: Jul 22-Aug 22 |
| <input type="checkbox"/> Reader's Theater | <input type="checkbox"/> Session 1: Jul 17-Jun18 | <input type="checkbox"/> Session 2: Jul 22-Aug 22 |
| <input type="checkbox"/> Pre-Algebra | <input type="checkbox"/> Course - 8 weeks: Jul 17- Aug 8 | |

Parent/Guardian

Contact #1: _____	Contact #2 _____
Relationship to student: _____	Relationship to student: _____
Address: _____	Address: _____
Place of Employment: _____	Place of Employment: _____
Work Phone: _____	Work Phone: _____
Mobile Phone: _____	Mobile Phone: _____
Email: _____	Email: _____
Daytime emergency number: _____	Daytime emergency number: _____

Is there a court order that restricts either parent from contact with your student or access to student records? Y ___ N ___

Emergency Contacts When the Parent/Guardian Cannot Be Reached (Other than parent/guardians)

1. _____ Relation _____ Phone _____
2. _____ Relation _____ Phone _____

These People Have Permission to Check My Child Out of School

1. _____ Relation _____ Phone _____
2. _____ Relation _____ Phone _____

Medical: Does the student have any medical concerns? _____
Allergies: Y ___ N ___ Please explain: _____

Parent Signature: _____ Date: _____

Administrator Signature: _____ Date: _____