

# 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, 3rd | <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: \_\_\_\_\_