



Homeschool Student on Campus

Application/Registration

Student Name: _____

Grade: _____ Date of Birth: _____

Address: _____

City: _____ State: _____ Zip: _____

Parent/Guardian Name: _____

Phone: _____ Email: _____

Parent/Guardian Name: _____

Phone: _____ Email: _____

_____ school agrees to provide a place for the above student to study with student accident insurance through Adventist Risk Management.

Personnel at _____ will keep attendance records.

_____ school is not responsible for paying any fees to the Home Study entity nor is the school or personnel responsible for the above student's success or failure in the schooling program.

The charge for this service is _____ per month for ten (10) months, as approved by the school board.

Parent/Guardian Signature: _____ Date: _____

School Board Chair Signature: _____ Date: _____

Principal Signature: _____ Date: _____