

**Home Schoolers' Academy**  
**Family Application**  
(Confidential)

Application must be made by the family where the child resides. (Please type or print)

\* Returning families (with an application on file) need to fill out all information that is marked with an asterisk. Please note if any other information has changed. (If you need additional space, attach another sheet of paper.)

\* Enrollment for school year beginning (month & year) \_\_\_\_\_ \*Re-enrollment \_\_\_\_ New Application \_\_\_\_ (Check one)

\* Mr. \_\_\_\_\_  
Last Name First Middle Relationship to child

\* Mrs. \_\_\_\_\_  
Last Name First Middle Relationship to child

\* Family Address (street, city, zip) \_\_\_\_\_

\*Home Phone \_\_\_\_\_ \*Cell Phone(s) (Mom) \_\_\_\_\_ (Dad) \_\_\_\_\_

\* E-mail address \_\_\_\_\_ \*How often do you check your e-mail \_\_\_\_\_  
(ex. every day, once a week, etc.)

**Employment of Applying Family:**

\* Mr. \_\_\_\_\_  
Employer Occupation Address Phone

\* Mrs. \_\_\_\_\_  
Employer Occupation Address Phone

**Names of child(ren) to be enrolled in Home Schoolers' Academy. Please include the name or nickname the child prefers. All classes are determined by the child's age on *October 1*. If you are enrolling more than 4 children, attach information for those children on a separate sheet of paper.**

\* 1st child \_\_\_\_\_  
Last name First Middle Preferred Name Gender (M/F) Age on 1<sup>st</sup> day of class Date of Birth

\* 2nd child \_\_\_\_\_  
Last name First Middle Preferred Name Gender (M/F) Age on 1<sup>st</sup> day of class Date of Birth

\* 3rd child \_\_\_\_\_  
Last name First Middle Preferred Name Gender (M/F) Age on 1<sup>st</sup> day of class Date of Birth

\* 4th child \_\_\_\_\_  
Last name First Middle Preferred Name Gender (M/F) Age on 1<sup>st</sup> day of class Date of Birth

\* Names & Ages of Nursery-aged Children. Childcare will be available each week for our staff and parent helpers.

Who referred you to Home Schoolers' Academy? \_\_\_\_\_

State why you wish your child(ren) to attend Home Schoolers' Academy.

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Are there special needs for any of your children (such as physical, mental, or emotional) that we should be aware of to better assist you?

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Have any of your children been suspended or expelled from public or private school? \_\_\_\_\_ Yes \_\_\_ No

If Yes, please describe the situation that led to suspension or expulsion.

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**Christian Faith** (All information required when applying for the first time.)

Have you professed faith in Jesus Christ as your personal Lord and Savior? \_\_\_\_\_ Yes \_\_\_\_\_ No

Do you believe that the Holy Bible is the only inspired and infallible Word of God and that there are no other inspired Scriptures? \_\_\_\_\_ Yes \_\_\_\_\_ No

I unequivocally agree with the Academy's Doctrinal Statement \_\_\_\_\_ Yes \_\_\_\_\_ No

If "No", please explain \_\_\_\_\_

Do you attend church? \_\_\_ Yes \_\_\_ No If "Yes", do you attend: Regularly Not Regularly Seldom (Circle one)

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Church Name	Address	Phone	Pastor's Name	Phone
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**Signatures** \_\_\_\_\_  
Mr. \_\_\_\_\_ Date \_\_\_\_\_ Mrs. \_\_\_\_\_ Date \_\_\_\_\_

**\* Volunteer Information**

Parents will sign up to help in a specific area for the year. Sign up sheets will be available on the first day of HSA.

Interested in a position as a Class Assistant \_\_\_\_\_

Class Assistants work every week in exchange for tuition allowance. A limited number of positions are available. Preferred age group(s) \_\_\_\_\_

**\* Health Form** (If you are enrolling more than 4 children or need additional space, attach information on a separate sheet of paper.)

**1<sup>st</sup> Child's Name** \_\_\_\_\_

Current health problem(s) \_\_\_\_\_

List medication(s) taken for each health problem. Give the name of the drug, dosage, frequency, and how administered (by mouth, inhaler, eye drops, etc.).

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Allergies (food, medicine, other) \_\_\_\_\_

List any Physical Education (P.E.) restrictions \_\_\_\_\_

**2<sup>nd</sup> Child's Name** \_\_\_\_\_

Current health problem(s) \_\_\_\_\_

List medication(s) taken for each health problem. Give the name of the drug, dosage, frequency, and how administered (by mouth, inhaler, eye drops, etc.).

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Allergies (food, medicine, other) \_\_\_\_\_

List any Physical Education (P.E.) restrictions \_\_\_\_\_

**3<sup>rd</sup> Child's Name** \_\_\_\_\_

Current health problem(s) \_\_\_\_\_

List medication(s) taken for each health problem. Give the name of the drug, dosage, frequency, and how administered (by mouth, inhaler, eye drops, etc.)

Allergies (food, medicine, other) \_\_\_\_\_

List any Physical Education (P.E.) restrictions \_\_\_\_\_

**4<sup>th</sup> Child's Name** \_\_\_\_\_

Current health problem(s) \_\_\_\_\_

List medication(s) taken for each health problem. Give the name of the drug, dosage, frequency, and how administered (by mouth, inhaler, eye drops, etc.)

Allergies (food, medicine, other) \_\_\_\_\_

List any Physical Education (P.E.) restrictions \_\_\_\_\_

**\* Physician**

**\* Contact person in an emergency (if unable to reach parents)**

\_\_\_\_\_  
Name Phone

\_\_\_\_\_  
Name Relationship Phone

**\* Hospital (For Insurance Purposes)** \_\_\_\_\_

**\*Emergency Medical Release**

In the event my child(ren) is/are seriously injured or seriously ill and Academy personnel are unable to notify me by telephone, they have permission to secure medical services for my child(ren). I also understand that I will be responsible for the cost of all such medical services.

\_\_\_\_\_  
Parent's or Guardian's signature Date

**\*Student Contract** (Please make a photocopy of this contract if you would like it for your records.)

I have read the Home Schoolers' Academy Parent and Student Handbook or have had it read to me. I have discussed it with my parents and I understand what is required of me. I recognize that all policies and conduct code rules have been established by a team of adults, called the Board of Directors, who have been chosen to represent all the families within the Academy. I understand that I am responsible for making all effort to honor and obey the standards, and that I am accountable for my conduct at the Academy.

I understand that the Academy is a place for well-behaved children, who are reasonably capable of governing themselves by Biblical standards. I recognize that the teachers have been hired to give me and all the other children in the classroom the opportunity to enjoy learning new skills. I am expected to make it easy for teachers to teach me and all other students in the room with me.

I understand that there are consequences for the way I behave at the Academy. When I conduct myself in a way that is pleasant, in a way that shows love for God and others, I have given myself opportunity to make new friends, learn new skills, and build a good reputation for myself. I have also honored my word, my family, and my commitment to Christ. When I conduct myself in a way that is unpleasant, I tear down all of the same opportunities, and I will be singled out for the disciplinary action described in the Home Schoolers' Academy Parent and Student Handbook.

**\* Signatures** (Please photocopy for additional children)

\_\_\_\_\_  
1st Child Date

\_\_\_\_\_  
2nd Child Date

\_\_\_\_\_  
3rd Child Date

\_\_\_\_\_  
4th Child Date

**Parent Contract**

As parent(s) of the student(s) above, we have reviewed the Home Schoolers' Academy Parent and Student Handbook thoroughly with our child(ren) and have clarified all questions raised. We have endeavored to help our child(ren) understand the seriousness of making a commitment and honoring his/her word.

We will abide by the principles, practices, and educational policies of the Academy as set forth in the HSA Handbook. We will support those in authority over our child(ren) at the Academy. We hereby invest authority in HSA to discipline our child(ren) as necessary according to policies stated within the HSA Handbook. We pledge our support to Home Schoolers' Academy through praying for its programs and by paying the tuition payments regularly and on time.

**\* Signatures**

Mr.

Date

Mrs.

Date

**Past and Future Negligence Waiver Agreement.** By the execution of this Agreement the undersigned Parents/Legal Guardians of the above-named child(ren) expressly agree that the following parties:

- Home Schoolers' Academy; and
- Officers, directors, employees, agents, and volunteers of the Home Schoolers' Academy; and
- Any facility utilized by the Home Schoolers' Academy; and
- Any agent of any facility utilized by the Home Schoolers' Academy.

shall not be liable for any damages arising from personal injuries or property damage sustained by the child(ren) or by the undersigned in, on, or about the premises of said facilities or as a result of the use of the facilities, including any and all athletic practices and competitions, regardless of fault. The undersigned Parents/Legal Guardians assume full responsibility for any such personal injury or property damage which may occur to the undersigned or to above-named child(ren) in, on, or about the facilities, or upon any equipment located on or about the facilities. The undersigned Parents/Legal Guardians also specifically agree that the Home Schoolers' Academy, their agents, or any facility or agent of said facility utilized by the Home Schoolers' Academy shall not be responsible for such injuries, damages, or loss **even in the event of negligence or fault by the Homes Schoolers' Academy, its agents, or any facility or agent of said facility utilized by the Home Schoolers' Academy**, whether such negligence is present at the signing of this Agreement or takes place in the future. This waiver does not apply to gross negligence or intentional torts by Home Schoolers' Academy, its agents, or any facility utilized by the Home Schoolers' Academy.

**BY EXECUTING THIS WAIVER, I AM EXPRESSLY RELEASING THE HOME SCHOOLERS' ACADEMY, ITS AGENTS, EMPLOYEES, AND VOLUNTEERS, AS WELL AS ANY FACILITY UTILIZED BY THE HOME SCHOOLERS' ACADEMY AND THE FACILITIES AGENTS, EMPLOYEES, AND VOLUNTEERS, OF ANY LIABILITY TO ME OR MY CHILD(REN) RESULTING FROM THE PRESENT OR FUTURE NEGLIGENCE OR FAULT BY THE HOME SCHOOLERS' ACADEMY, ITS AGENTS, EMPLOYEES, AND VOLUNTEERS, OR THE PRESENT OR FUTURE NEGLIGENCE OR FAULT OF ANY FACILITY UTILIZED BY THE HOME SCHOOLERS' ACADEMY AND THE FACILITIES AGENTS, EMPLOYEES, AND VOLUNTEERS.**

**Assumption of Responsibility.** The undersigned Parents/Legal Guardians assume full responsibility for any property damage which may occur in, on or about the Facility, caused by the undersigned or caused by the child(ren) named on previous pages.

\_\_\_\_\_  
\* Signature/Print Name – Mr.

\_\_\_\_\_  
Date

\_\_\_\_\_  
\* Signature/Print Name – Mrs.

\_\_\_\_\_  
Date