HomeLink Education
SERVICES FOR HOMESCHOOLERS

Registration Form & Class Selection

STUDENT NAME:_____

DATE OF BIRTH ___/___/____

IS THIS STUDENT A (CHECK ONE) MALE?____ OR FEMALE? ____

ADDRESS:_____

CITY:_____**STATE:**_____**ZIP:**_____

PARENT(S) NAME:_____

_____

PHONE: (H)(____)_____(W)(____)_____

EMAIL: _____

SELECTED CLASSES

ON THE LINES BELOW, LIST THE SPECIFIC CLASSES FOR WHICH THIS STUDENT IS REGISTERING:

#1 _____

#2 _____

#3 _____

#4 _____

#5 _____

NOTE: The National Director and Local director of HomeLink Education and the HomeLink Programs reserve the right to make alterations in the Program without prior notice.

Registering for which school year? **__2004-2005 __2005-2006 __2006-2007 __2007-2008 __2008-2009 __2009-2010**

Registering for which grade level?
__K __1st grade __2nd __ 3rd __4th __5th __6th __7th __8th __9th __10th __11th __12th

EMERGENCY INFORMATION:

ARE THERE HEALTH ISSUES WE SHOULD KNOW ABOUT? IF YES, PLEASE EXPLAIN _____

_____

BEST PEOPLE TO CONTACT IN CASE OF EMERGENCY

#1 _____ **PHONE :** _____ **ANOTHER NUMBER:** _____

#2 _____ **PHONE :** _____ **ANOTHER NUMBER:** _____

#3 _____ **PHONE :** _____ **ANOTHER NUMBER:** _____

Do we have permission to make emergency health decisions in the event we are unable to reach any of the people on the contact list?
___ **YES.** ___ **NO.** ___ **U**se alternative approach as stated here:

_____

AS THE PARENT, MY SIGNATURE BELOW INDICATES I

(1) AUTHORIZE MY MINOR-AGE STUDENT TO REGISTER IN YOUR PROGRAM FOR THE SCHOOL YEAR INDICATED ABOVE,
(2) AGREE TO ABIDE BY THE TERMS OUTLINED IN THE HOMELINK HANDBOOK,
(3) UNDERSTAND THAT CLASS FEES ARE BASED ON THE COMPLETE PROGRAM FROM SEPTEMBER THROUGH JUNE (10 MONTHS),
(4) UNDERSTAND THE PROGRAM INCLUDES CLASS TIME, CURRICULUM SELECTION, DIRECTING ASSIGNMENTS, WORKSHEETS, GRADING, RESERVED PLACE FOR ABSENT STUDENTS, SUPPORT FOR PARENTS & STUDENTS, AND THE COST OF SUPPORT MATERIALS.
(5) I FURTHER AGREE THAT THE FEES ARE DUE REGARDLESS OF MY STUDENT'S CLASS ATTENDANCE AND
(6) THAT THIS REGISTRATION REMAINS IN EFFECT UNTIL I SUBMIT WRITTEN NOTIFICATION OF CHANGES OR WITHDRAWAL.

PARENT SIGNATURE _____ **DATE**_____

AFTER SIGNING THIS COMPLETED FORM, PLEASE DATE IT, AND SUBMIT IT TO THE LOCAL HOMELINK OFFICE ALONG WITH THE APPROPRIATE NON-REFINDABLE REGISTRATION FEE ($35) AND PAYMENT FOR CLASSES *(Please see the HomeLink Handbook, page 6, for the current cost of classes.)*