

Benjamin Franklin Homeschool Academy

Application for Enrollment

Date: _____

STUDENT INFORMATION:

Student Name: (First, Middle, Last) _____

Address: _____

Street

City

State

Zip

Phone:(_____) _____ Cell:(_____) _____

Age: _____ Date of Birth: ____/____/____ Male: _____ Female: _____

New Student

Former Student

***Is student currently being supervised by the courts in a joint custody case? YES NO

***Has student ever been expelled from any public or private school? YES NO

***Does the student have a past criminal record? YES NO

If YES is answered to any of the above questions, letters of explanation must be submitted with this application.

*How did you hear about BFHA?

Friend _____ Brochure or Flyer _____ Newsgroup _____ Newspaper _____ Radio _____ Other _____ (please explain)

PARENTAL INFORMATION:

Father/Guardian Full Name: _____

Address: Home Address: _____

Place of Employment: _____

Phone Number: Home(_____) _____ Cell(_____) _____

Work(_____) _____ Other(_____) _____

Mother/Guardian Full Name: _____

Address: Home Address: _____

Place of Employment: _____

Phone Number: Home(_____) _____ Cell(_____) _____

Work(_____) _____ Other(_____) _____

By signing below, I acknowledge that either of the parents or guardians listed above may pick up the student listed above from the academy at any time. Any exceptions to the foregoing must be specifically described in writing and kept on file. I also acknowledge that after BFHA hours, BFHA is not responsible to determine who can or cannot pick up the student listed above.

Signature of Parent or Guardian

For Administrator Use Only

Class Level: Beginner _____ Junior _____ Intermediate _____ Senior _____

Teacher: _____

Student Number: _____

Administrator Signature _____