ABLE Homeschooling Application Form

Parents full nam	nes:							
		(dad)						
(Specify details if other	er than pare	ent)						
Home phone nu	mber: (()	Cell	phone n	umber: ()		
Email address:_								
Mailing Addres	s:							
		(street)						
(city	7)	·,	(state)			(zip)		
Child's Name	Age	Grade	Allergies	Birth date	# of Years Home- schooled	Participating In classes	First year home- schooling	
1								
2								
3								
4								
5								
6								
7								
8								
9								
cooperation from You will have o	m all pa one or m	rents. ore of the	tasks to help the ground tasks to help the gro	co-op. Pl	lease tell u			
Task						st 2 nd pice Choice	3	
Teach a class (Curriculum and instruction Which age group do you prefer?					Cno	7 CHOIC	le Choice	
provided) Whiteh age group do you protein.							, LJ 	
2 Assist in a class Nursery 2-3 4-6 6-8 8-11 12-1 Help with set up]	
4 Organize field trips						J	J 🗀	
5 Organize events]	
6 Clean church						<u></u>]	

To finish your application you must sign that you agree with our Statement of Faith and Rules and Policies.