

2024/25 BROOKS UMC MICROSCHOOL PROGRAM

Student Registration Form

Please fill out, sign and return to Ms. Terri prior to the required family interview. This form does not guarantee acceptance.



STUDENT NAME

NICKNAME

DOB _____ GRADE ENTERING _____

ADDRESS:

----- PHONE

----- EMAIL

PREVIOUS SCHOOL

EXPERIENCE

IEP (Y/N) _____ IF YES, PLEASE EXPLAIN

HAS THIS STUDENT BEEN EXPELLED FROM PREVIOUS SCHOOL? (Y/N) _____

IF YES, PLEASE EXPLAIN

CHILD LEARNING EXPERIENCES/STYLE AND ANY ADDITIONAL INFORMATION YOU THINK

WE SHOULD KNOW:

Is your child left- or right-hand dominant? _____ Left _____ Right _____ Unknown

Does your child have any allergies to food, insect bites, medication, etc.? _____

If yes, please explain: _____

Are there any special medical needs required for the care of your child? If so, please explain:

Religious Affiliation: _____ Church you Attend: _____

Would you like more information about Brooks UMC? _____

PARENT/GUARDIAN INFORMATION:

Marital Status: Married/Divorced/Neither

Are either parent allowed to pick up the student? _____

If no, briefly explain _____

Mother's Name: _____ Cell Phone: _____

Email: _____

Employer: _____ Address: _____

Occupation: _____ Work Phone: _____

Father's Name: _____ Cell Phone: _____

Email: _____

Employer: _____ Address: _____

Occupation: _____ Work Phone: _____

RELEASE AUTHORIZATIONS (other than parents)

Name: _____ Relationship: _____

Address: _____ Best Phone Number: _____

Name: _____ Relationship: _____

Address: _____ Best Phone Number: _____

EMERGENCY AUTHORIZATION: In case of emergency, whom should we contact if we cannot reach parents/guardians?

Name: _____ Relationship: _____

Address: _____ Best Phone Number: _____

Name: _____ Relationship: _____

Address: _____ Best Phone Number: _____

MEDICAL INFORMATION:

Doctor: _____ City: _____

Phone: _____

PHOTOGRAPH AUTHORIZATION-(PLEASE COMPLETE AND INITIAL):

_____ Pictures of my child may be taken for use WITHIN BUMC Hybrid Homeschooling Program including social media.

_____ Pictures of my child may be taken for use OUTSIDE BUMC Hybrid Homeschooling Program including social media.

_____ I understand these photos may be used for church publications and other forms of Church or Program media.

AGREEMENT:

Brooks United Methodist Church Hybrid Homeschool Program agrees to provide tutoring in accordance with the Georgia Homeschooling Laws from August through May, following the Fayette County School Calendar.

____ I understand this program operates under an exemption from Bright from the Start and is not a licensed daycare or school.

____ I agree to provide a current Declaration of Intent to Homeschool with Fayette County.

____ I agree to supplement the additional time needed to fulfill the requirements to meet the Georgia Homeschooling Law of 180 days equivalent to 4.5 hours a day totalling 810 hours.

____ I understand the qualified candidates will educate my child to the best of their ability and understand there are no guarantees made.

____ There is a non-refundable registration fee for all classes due at registration.

____ I will pay the book fee to Brooks UMC School to provide my child's books **OR**

____ I will personally purchase the text books for my child. (Contact School Director)

____ Tuition is due on the 1st of each month. A \$35 late fee will be charged after the 10th day of the month. The first tuition payment is due before the first day of class.

____ I acknowledge that my child must have a current immunization record or exemption form on file and cannot be admitted without this form.

____ I hereby authorize Brooks UMC Hybrid Homeschooling Program to have my child transported to Piedmont Fayette Hospital in the event of a medical emergency.

____ I represent that I am the legal guardian of the child enrolled and acknowledge that it is my responsibility to keep record of all information and authorizations pertaining to my child up to date.

PARENT/GUARDIAN SIGNATURE

DATE

Student Name: _____

For Office Use Only:

Student Name: _____

Student Grade: _____

* registration fee: _____ Book Fee: _____ Check #: _____

Date: _____

* Immunization Form: _____ Declaration of Intent to Homeschool _____