



Traditional Schedule 36 weeks **Sept. - June**

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|---|---|--|--|--|
| Entering Grade | All enrollment and student paperwork is submitted in Google Classroom. Please create a separate, parent controlled g-mail account under each of your student's full names but with parental information on the account. | Last Grade | Enrollment Fees - (per student) | Before June 20th \$35.00 June 21st - August 31st \$45.00 After August 31st \$55.00 |
| Name of Student | | Parent primary e-mail address: | | |
| Last | First | Middle | Student gmail address: | |
| Date of Birth _____ | City of Birth _____ | County _____ | State _____ | |
| Complete Mailing Address including Zip Code—Residence | | | Cell Phone: | Home Phone: |
| Father | Employer Contact Info (Name, Address, City, State, Zip, Phone) | | | |
| Mother | Employer Contact Info (Name, Address, City, State, Zip, Phone) | | | |
| Name of person, other than parent, providing regular academic instruction and courses to be taught: Or outside-the-home classes: | | | | |
| Marital Status: Married <input type="checkbox"/> Divorced <input type="checkbox"/> Separated <input type="checkbox"/> Single <input type="checkbox"/> | | Emergency Name: | | |
| (Only if Applicable) Father Deceased <input type="checkbox"/> Remarried <input type="checkbox"/> Separated <input type="checkbox"/> | | Emergency Phone: | | |
| (Only if Applicable) Mother Deceased <input type="checkbox"/> Remarried <input type="checkbox"/> Separated <input type="checkbox"/> | | HSLDA # | Expiration Date: | |
| Is this your first year of Independent Study? Yes <input type="checkbox"/> No <input type="checkbox"/> | | On a separate sheet of paper Explain if Yes to any below: | | |
| If No, How many years? _____ | | Yes <input type="checkbox"/> No <input type="checkbox"/> | Problems with previous school | |
| List languages other than English spoken at home | | Yes <input type="checkbox"/> No <input type="checkbox"/> | Previous legal problems | |
| Religious Affiliation | | Yes <input type="checkbox"/> No <input type="checkbox"/> | Special Needs | |
| Home Church | | Yes <input type="checkbox"/> No <input type="checkbox"/> | Individualized Education Program (IEP) | |
| | | Yes <input type="checkbox"/> No <input type="checkbox"/> | Any failing grades? | |
| Please give a brief description of your reasons for home educating this student. | | | | |
| Please provide the complete mailing address and email address to the previous school for the records request (Name, Address, City, Zip). | | | | |

Enrollment Request and Agreement

KA requires the signatures of both parents and that one parent be at home during school hours. We hereby request enrollment of the student named above in the Private Satellite Program of Keystone Academy, and **will not withdraw our student from the current school before acceptance.** We agree to pay all fees and fulfill all requirements for enrollment. We hereby agree to the terms listed and acknowledge by our signatures below.
(by typing your name here as you would sign it, you are acknowledging and agreeing to the terms listed above.)

| | |
|--|------|
| Signature of Father Father, Stepfather, Guardian (circle one) | Date |
| Signature of Mother Mother, Stepmother, Guardian (circle one) | Date |

Payment Method

| | | | | | |
|--|-------|-------|------------------|--------------------|--------------------|
| Paypal | Zelle | Venmo | Keystone dollars | Check | Check Amount _____ |
| (Please attach proof of digital payment) | | | Amount _____ | Check Number _____ | Check Date _____ |