

Date:	

ASSEMBLY HOMESCHOOL CO-OP

Application Form

Please fill in all the information as completely as possible. Incomplete forms will not be accepted. Thank you.

FAMILY INFORMATION:					
Last Name:	Husband:		Wife:		
Address:		City:		Zip:	
Email Address:					
Home Ph:	Cell Ph:				
How did you hear about Assembly Co-o	p?				
STUDENT INFORMATION: Please list ALL of your minor children, in they will be entering:	icluding infants, as w	rell as children who r	nay be in school	. Please list their grade	
NAME		GRADE	AGE	BIRTHDATE	
STUDENT INFORMATION CONTINUED:					
Allergies:					
Medical Conditions:					
Do your children have any special needs yes, please explain.	s that a classroom tu	tor needs to accomn	nodate in order t	to facilitate learning? If	
BACKGROUND INFORMATION: (Please d	lo not leave any que	stions unanswered)			
Please tell us a little bit about your hom you homeschooled? Why did you decide homeschool co-op? Etc.				_	

Please indicate any or all of the following: educational/ca	reer background, hobbies and interests, special classes taken,
classes previously taught, subjects you enjoy or might be training/experience could provide the skills and knowledge	comfortable teaching. Any of these interests or previous
Where do you currently attend church and in what capaci	ity, if any, do you serve in your local church?
Will you be participating in any other Homeschool progra Assembly Co-op family member? If so, please list below.	m and/or co-op during the year you are applying to be an
	ackgrounds and have differing homeschool philosophies. We hing that unites our group is each individual's commitment to a r relationship with Christ and how this affects your
Parent Signature	Date