

COVENANT LIFE
FAMILY SCHOOLS PROGRAM
APPLICATION FOR NEW FAMILIES
 2015-2016

Office Use Only	
Approval <input type="checkbox"/>	Tier _____
By: _____	
Date: _____	
Paid \$: _____	
Database: _____	
Reviewer: _____	

This application is for the 2015-16 school year for families who are **not presently enrolled** in the Family Schools Program. *This application does not assure final enrollment*, but provides necessary information in determining enrollment. All the information on this application will be held in confidence by the Family Schools Program Director and your pastor. This form will not be forwarded to your child's next school.

Complete all sections of this application and return it to: FAMILY SCHOOLS PROGRAM, 7501 MUNCASTER MILL ROAD, GAITHERSBURG, MD 20877. **Your application fee payable to Covenant Life Church, must accompany this application.** This fee will be refunded to families not admitted to the program. **This fee is in addition to the annual tuition fee.** Application fees are \$50 for Covenant Life Church members, and \$100 for those attending other churches.

After submitting this application, please call the Family Schools Program office to schedule an interview with the FSP Director.

NONDISCRIMINATION POLICY:

Family Schools Program does not discriminate on the basis of race, color, national or ethnic origin in the administration of its educational policies, admissions policies, or programs. Family Schools Program admits students of any race, color, national and ethnic origin to all programs and activities with the same rights and privileges as all students in the school.

GENERAL FAMILY RECORD:

Please list the following information for the students you wish to enroll in the Family Schools Program.

<u>Last Name</u>	<u>First Name</u>	<u>Middle Name</u>	<u>Grade Entering</u>	<u>Sex</u>	<u>Age</u>	<u>Birthdate</u>
1. _____	_____	_____	_____	_____	_____	_____
2. _____	_____	_____	_____	_____	_____	_____
3. _____	_____	_____	_____	_____	_____	_____
4. _____	_____	_____	_____	_____	_____	_____
5. _____	_____	_____	_____	_____	_____	_____
6. _____	_____	_____	_____	_____	_____	_____

I do give I do not give permission to FSP to use photographs of my family in promotional pieces. No names will be associated with photographs used.

Address: Street: _____ County: _____

City: _____ Zip: _____ Phone: _____

Father or Guardian: Name: _____ Home Phone: _____

Employer: _____ Position: _____ Work Phone: _____

E-mail Address: _____ Cell Phone: _____

Check to be included in the email and newsletter distribution list

Mother or Guardian: Name: _____ Home Phone: _____

Employer: _____ Position: _____ Work Phone: _____

E-mail Address: _____ Cell Phone: _____

(This email will be used as the primary contact)

Marital Status: Married _____ Separated _____ Divorced _____ Single Parent _____

If divorced or separated, do you have sole legal custody of your children? _____

Church Membership Status:

FSP requires that homeschooling families attend a local church and be members in good standing. Please complete the information listed below.

Name & Address of Church Currently Attending: _____

How long have you been attending your current church? _____

Your Pastor's Name and Phone No.: _____

Your Pastor's Recommendation: We ask that your pastor give us a brief paragraph stating how long he has known your family and why he can recommend your family to participate in the Family Schools Program as your homeschool umbrella.

List other children living with the family:

<u>Name</u>	<u>Birthdate</u>	<u>Age</u>	<u>Grade</u>	<u>School</u>
1. _____	_____	_____	_____	_____
2. _____	_____	_____	_____	_____
3. _____	_____	_____	_____	_____
4. _____	_____	_____	_____	_____

STUDENT INFORMATION:

Children's present or previous school:

Name: _____

Address: _____

Principal: _____ Phone: _____

Please answer the following questions for the children you wish to enroll. Use the space below or the back of this form to give the child's name and details regarding any of the following for which you answer **YES**.

Have any of your children:

- | | | |
|---|---------|--------|
| <input type="checkbox"/> ever been dismissed from a school? | YES ___ | NO ___ |
| <input type="checkbox"/> ever repeated a grade? | YES ___ | NO ___ |
| <input type="checkbox"/> ever been tested for learning limitations? | YES ___ | NO ___ |
| <input type="checkbox"/> ever been under prolonged medical treatment? | YES ___ | NO ___ |
| <input type="checkbox"/> ever had any serious illnesses? | YES ___ | NO ___ |
| <input type="checkbox"/> any handicaps? | YES ___ | NO ___ |
| <input type="checkbox"/> ever had any serious emotional difficulties? | YES ___ | NO ___ |
| <input type="checkbox"/> ever been home schooled? (If yes, see note below.) | YES ___ | NO ___ |

NOTE: Please give the following information: **a)** how long **b)** what grade levels **c)** curriculums used **d)** satellite school/organization associated with **e)** your perspective on the success of the experience.

Give responses to above questions here:

GENERAL INFORMATION:

Are both parents in total agreement that home schooling is the best alternative for this school year? _____

Please state your reasons for wanting to home school your children this year.

What are your goals for your children's future education?

What are your intentions concerning your children keeping up with peers of their own age?

Why are you interested in Family Schools Program's Family Schools Program?

PARENTAL RESPONSIBILITIES

The following are principles that Family Schools Program holds to be essential for us to work together with parents to ensure a truly Christian and God honoring education. **Parents must be able to make these affirmations.**

1. I believe that God has given me the primary responsibility for training my children and providing a suitable education for them.
2. I desire to have my children receive a distinctively Christian education. I will seek to incorporate and teach Biblical principles and truths in and through every subject area, and do my best to make relevant applications of God's Word to the circumstances of life.
3. The goal of my instruction is academic excellence built on the foundation of Christian character. I will seek to develop the character as well as instruct the mind, to the neglect of neither.
4. I will commit to the goal of continually improving the curriculum and instruction I provide for my child(ren), and I will consider taking advantage of seminars, workshops, and printed materials made available through the Family Schools Program.
5. I will endeavor to develop and maintain a godly atmosphere in my home by exercising control over inappropriate influences on my children and by modeling a Christ-like life, to the best of my ability.
6. I willingly desire Family Schools Program to review my home schooling program and progress throughout the year in order to help me determine where deficiencies may exist and how to remove those deficiencies. I recognize that I need to maintain minimum standards to be eligible for continuance in the Family Schools Program, including submission of at least two progress reports annually.
7. I will demonstrate my faith to my children through personal devotion to the Lord Jesus Christ and through faithful involvement in my local church.
8. I will maintain integrity in all of my dealings with Family Schools Program, which includes the full payment of annual tuition and timely submission of required paperwork.
9. I understand it is my responsibility to inform Family Schools Program in a timely manner if I withdraw my child from the Family Schools Program, and that I will not be receiving any tuition refund.
10. I agree to submit the Assurance of Consent for Home Instruction form to my local county school system and agree to have my enrollment status annually verified with the county schools by FSP. The information provided includes the students' name, birthdate, grade and gender.
11. I acknowledge the Family Schools Program does not provide legal counsel of any kind, and my obligations to uphold the MD COMAR regulations with regard to home education are my responsibility.

In signing this form, I affirm that the above *Parental Responsibilities* articulate my beliefs and intentions for the education of my children. Furthermore, I acknowledge that my agreement with the above is a pre-requisite for re-enrollment in subsequent years. (If you are not able to sign this Statement with a clear conscience, please explain on the back of this page.)

Signature: Father or Guardian

Date Signed

Signature: Mother or Guardian

Date Signed