

___ Tuesday Family
___ Thursday Family

Registration Fees:
Classes _____
TBC _____
Cleaning _____
Total _____

**HALLSTROM HOME SCHOOL WORKSHOPS
APPLICATION FORM
Fall 2009 – Spring 2010**

Parents' Names (first and last) _____

Address _____ City _____ State _____

Zip code _____ Phone (_____) _____ (_____) _____

E-mail address _____

Church _____

Jr./Sr. High Students who will be attending (names, grades, and ages as of September 1, 2009):

Younger children, names, grades, and ages as of September 1, 2009 (please give ages for any preschoolers or babies who will be coming with you):

In case of emergency, please contact:

Name _____

Phone (_____) _____ (_____) _____

Relationship _____

Part I – General Information

1. Have you home schooled before, and for how many years?

2. If you were not a member of Hallstrom workshops in the past, was there another home school support group that you were involved in? What, if any, teaching or other responsibilities did you share in that group?

3. Are both parents Christians? Could you briefly share something of your Christian walk?

4. Briefly describe you and your spouse's approach to discipline with your children.

If you or your child do not particularly agree with an item in the handbook, for example a part of the dress code, how would you address that issue with your child?

5. How important are academics in your family's approach to home schooling?

6. Have your older children (grades 7-12) come to faith in Christ? How well do they receive instruction, and how do they respond to authority and discipline?

7. Have you taken your child out of school yet?
____ Yes ____ No ____ Have always home schooled

If yes, when, and for what reason(s):

Have any of your children ever been or are they currently suspended or expelled from a public or private school? ____ Yes ____ No

Have any of your children ever been disciplined by school authorities or been involved in the use of drugs, alcohol, firearms or knives at school? ____ Yes ____ No
If yes, please explain:

8. Are any of your children currently taking medication for or been diagnosed with A.D.D. or any other physical, behavioral or mental disability or disorder?
____ Yes ____ No

If yes, please explain:

(This information is released *only* to the HHSW Board and any of your child's teachers in order that we may serve you better. You need to understand, though, that we are not formally trained to deal with special-needs children.)

9. Who will be the primary teacher?

10. What curriculum do you plan to use?

11. Do you understand that HHSW does not give credit toward high school graduation requirements, although parents may use class time toward fulfilling some requirements in a given subject, according to the parents' own discretion? ____ Yes ____ No

12. Do you understand that HHSW does not give legal protection or legal assistance? Also, HHSW is not obligated to testify regarding your home school's validity, authenticity or effectiveness to legal authorities or in court? ____ Yes ____ No

(Legal protection can be obtained for your family through the Home School Legal Defense Association. Address and phone number for HSLDA available at the Board table. Membership costs \$85/year/family if you are part of the HHSW group. Individual membership is \$100/year.)

Part II – Commitment to Hallstrom Home School Workshops

In order for your family to participate, we need your whole-hearted commitment in the following areas for the entire semester for which you are applying. *Please read and consider carefully before signing:*

1. Do you agree to **attend** all classes you have registered for and **pay** all your teachers *for the entire semester*? ____ Yes ____ No

2. Do you understand and agree that as a home school support group, HHSW requires all parents (mother or father) to be *in the building* and *responsible* for your own children, and that it is the parent's responsibility to insure the good behavior and attitude of each child whenever they are at Hallstrom? ____ Yes ____ No

3. Do your students agree to come **well prepared** for their classes, completing **all** homework assignments and agree to **work** up to their full potential in their classes? ____ Yes ____ No

4. Do you understand and agree that at no time will the HHSW administrator, board, teachers or Temple Baptist (owners of the building) be held responsible for any mishaps, injuries, accidents that might occur during the year? ____ Yes ____ No

5. Have you read the HHSW statement of faith, and do you subscribe to it? ____ Yes ____ No

6. Have you and your students read the HHSW Policy Handbook and agree to subscribe to it, including the rules of conduct and dress code? ____ Yes ____ No

7. Do you understand that Chapel is mandatory for those who are in the building during this time, and agree to participate when you are present? ____ Yes ____ No

8. Temple Baptist allows our group to use this church facility for a very nominal fee. We need each family to **remind** their children **weekly** of this *privilege* and to *admonish* them to act **respectfully** – especially not to *run* or *shout* in the **halls** (church offices are located on the 2nd floor). Temple Baptist does ask all the groups using this building to help *keep it clean*. We need your commitment in this important matter. Will you agree to this? Yes No

Parent signature(s) _____ Date _____

Jr.—Sr. High students signature(s) _____

For Board Use Only:

Board Members present: _____ and _____

Were both parents present? Yes No

Were older students present? Yes No

We, the interview members,

Recommend

Do not recommend

this family for participation in HHSW.

OR

We, the interview members, recommend for participation with the following provisions:

Board Member Signature

Board Member Signature