

Maryville Christian School Home School Umbrella
& Independent Study Program Enrollment Form
2525 Morganton Road, Maryville, TN 37801

Family Name _____ Previous years of home schooling _____ Date _____
 Address _____ New Address? Yes/No _____
 City _____ State _____ Zip _____ County _____
 Home Phone _____ E-mail _____ New Email? Yes/No _____
 Father's Name _____ Business/cell phone _____
 Mother's Name _____ Business/cell phone _____
 Church affiliation _____ Member? Father _____ Mother _____
 Pastoral reference & phone number _____

HIGH SCHOOL STUDENT NAMES (first, middle, last) (prefers if different)	Age	Date of Birth	Male/ Female	Grade
1.				
2.				
3.				

K-8 STUDENT NAMES (first, middle, last) (prefers if different)	Age	Date of Birth	Male/ Female	Grade
1.				
2.				
3.				
4.				
5.				
6.				

New students only:
 Referred by: _____ How may we serve you: _____
 Previous school: _____ Address: _____
 Phone #: _____ Fax#: _____

I understand Maryville Christian School will notify the School Superintendent of my student's registration. I affirm my agreement in Maryville Christian's statement of faith and policies.

 Signature of teaching parent
 03.15

Office use only
Date Received _____ Fees Paid _____
_____ Coordinator Signature