

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

Family Name \_\_\_\_\_ Years of home schooling \_\_\_\_\_ Date \_\_\_\_\_  
 Address \_\_\_\_\_ New Address? Y/N  
 City \_\_\_\_\_ Tennessee Zip \_\_\_\_\_ County \_\_\_\_\_ Your School District: Blount County,  
 Maryville City, Alcoa, Knox County, Monroe County, Loudon County, Sevier County, \_\_\_\_\_  
 Home Phone \_\_\_\_\_ E-mail \_\_\_\_\_ New Email? Y/N  
 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	DOB	Male/ Female	Grade
1.				
2.				
3.				

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

New students: Referred by: \_\_\_\_\_ Previous school: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 Phone #: \_\_\_\_\_ Fax#: \_\_\_\_\_  
 How may we serve you? \_\_\_\_\_

**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  
 01.19

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