



New Life Homeschool

Family Information

20____/20____ School Year

Mother's name _____ Cell _____

Father's name _____ Cell _____

Address _____ Phone _____

City/State/Zip _____

Email _____

Emergency Contact _____ Phone _____

Children's Name	Date of Birth	Grade Level
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Church Home _____

I have read and understand New Life Homeschool's statement page. _____ (Initial)

Are you a member of a homeschool legal defense? _____ Yes _____ No

Which Group? _____ Member # _____

Are there any allergies or medical conditions we need to be aware of? If so, please list below.
