



Brazos Valley Co-op Family Enrollment Application 2009-10

Do you have children who attended Brazos Valley Co-op last year (2008-09) Yes No

If not, please list who recommended you to BVC? _____

Family (Last) Name _____

Father's First Name: _____ Mother's First Name: _____

Are you the parent and or legal guardian for all of the children listed below. Yes No

If no, please explain _____

Address: _____

City: _____ State: _____ Zip: _____

Home Phone: (____) _____ - _____ Other Phone: (____) _____ - _____

Cell Phone 1: (____) _____ - _____ Cell Phone 1: (____) _____ - _____

E-Mail Address: _____

Please check here if you would like to be added to the parent duty substitute list for co-op parents to call and possibly hire to serve their parent duty when necessary. Substitute fees are listed in the co-op handbook. *(It is the substitute's responsibility to collect their fees.)*

All applicants please list 3 family references below:

Name	Phone Numbers	E-mail
_____	_____	_____
_____	_____	_____
_____	_____	_____

Is this your first year home schooling? Yes No If yes, please list the school that each child previously attended below.

Child's name (first and last please)	Child's Birthday	Previous School
_____	____/____/____	_____
_____	____/____/____	_____
_____	____/____/____	_____
_____	____/____/____	_____

Have any of the students listed above currently or previously been expelled from a school, been charged or convicted of a criminal offense, on probation, or have/had any other behavioral issues? Yes No

If you checked yes above, please explain in detail _____

Medical issues and/or drug allergies that we might need to know in an emergency situation:

Child's Name	Medical Issue(s) and/or Drug Allergies
_____	_____
_____	_____
_____	_____

Family Doctor's Name: _____ Number: (____) _____ - _____

I have read, understand, and agree to the policies contained within the Brazos Valley Co-op Handbook. I also understand that I am personally responsible to make sure my child understands and obeys these policies.

Signature: _____ Date: _____