



Brazos Valley Co-op Family Enrollment Application 2010-11

Family (Last) Name _____ Father: _____ Mother: _____

Do you have children who attended Brazos Valley Co-op last year (2009-10)? Yes No
If not, who recommended you to BVC? _____

Are you the parent or legal guardian for all the children listed below? Yes No
If no, please explain _____

Address: _____ City: _____ State: _____ Zip: _____
Home Phone: (____)____ - _____ Other Phone: (____)____ - _____ Cell Phone 1: (____)____ - _____
Cell Phone 2: (____)____ - _____ 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 and 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 and 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

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: _____ Phone 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: _____