Laurel Christian Home Educators Membership Application

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

Address: _____
Phone: _____ Email: _____
Church Membership: _____
Father's Occupation: _____
Number years homeschooled: _____

CHILDREN

First Name	Last Name	Birthday	First Name	Last Name	Birthday

Curriculum: _____

FAMILY GROUP PREFERENCE (Check one)

_____Bay Springs Family Group _____Laurel Family Group _____Waynesboro Family Group

JUNIOR / SENIOR INFORMATION

Graduating Senior: _____Yes _____ No
Name (if yes): _____

Junior: _____Yes _____No
Name (if yes): _____

MEDIA CONSENT AGREEMENT:
I understand and agree that photographs, video and other forms of media of the above listed family members may be used in LCHE promotional materials or on the private LCHE Facebook page.
We have read the LCHE STATEMENT OF PURPOSE AND MEMBERSHIP GUIDELINES and agree to comply with them. (Both parents must sign.)

_____ _____
Father's Signature Date Mother's Signature Date

Please complete and return form with $20 dues ($40 after September 15th) (checks payable to LCHE) to: LCHE, 190 Longview Drive, Laurel, MS 39443

Dues run from September 15 to the following September 14. In order to participate in LCHE activities and have access to LCHE website, you must be a current dues paid member.