

Laurel Christian Home Educators Membership Application

Parent Names: _____
(Last) (First Father) (First Mother)

Address: _____

Phone: _____ Email: _____

Church Membership: _____

Father's Occupation: _____

years homeschooled: _____

Children

First Name Last Name Birthday

First Name Last Name Birthday

Curriculum: _____

Family Group Preference (Check one)

____ Laurel Family Group ____ Waynesboro Family Group ____ Bay Springs 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 website.

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 (**checks payable to LCHE**) to: **LCHE, 566 CR 12, Bay Springs, MS 39422**

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.