

Manheim Area Christian Homeschoolers' **Application for Attending Without a Parent**

Thank you for your interest in our *Attending without a Parent Program*. This program allows students in grades 9-12 to attend without parental participation at MACH. A class fee, as well as a facility fee, will be charged for each class taken. This payment schedule is outlined on our form: *CLASS REGISTRATION FOR STUDENT ATTENDING WITHOUT A PARENT*.

Our school year runs from September through April. To better understand how MACH operates, we request, if possible, you arrange a time to visit. If you have questions or would like to schedule a visit, please contact us at manheimareachristianhomeschool@gmail.com.

To apply for this program, mail this completed form to:

Kara Good
1898 Newport Road
Manheim, PA 17545

Parent(s) name(s): _____

Student name and grade entering next school year: _____

Address: _____

Email Address: _____

Phone number: _____ Cell Phone: _____

Church Fellowship: _____

I/We verify that we have full legal custody of the child above and are solely responsible for their education. Yes _____ No _____

At the website, www.homeschool-life.com/pa/mach, found under the *Guidelines and Policies* tab, I/We have read the Statement of Faith and all Regulations and Policies and believe that MACH could help further the goals I/We have for my/our student in the areas of spiritual, emotional, physical, and academic growth. Yes _____ No _____

Please answer the following:

1. If your student has a personal relationship with Jesus Christ, please have him/her write a short summary of his/her coming to faith in Jesus Christ and any events which may have impacted or influenced his/her spiritual walk (youth group or church involvement, mission trips, mentors, etc.). Use the back of this paper, if necessary.

2. Describe the educational journey of your student (homeschool, public school, Christian school).

3. Are you currently, or have you in the past been a member of any other homeschooling co-ops? If so, please list the group name(s).
4. Does your child have severe allergies or learning challenges? If so, please explain.
5. Do you know anyone who is already a member of MACH? If so, please list their name(s). If not, could you please provide a reference and contact information (i.e. last co-op you attended, pastor, or nonrelative.)