



Seat of Wisdom Homeschool Cooperative

Application for Family Enrollment 2017-2018

Name of Participating Parent:			
Address:			
Telephone:	<i>Cell:</i>		
	<i>Home:</i>		
Email:			
Student Information			
<i>Name</i>	<i>Grade</i>	<i>Date of Birth</i>	<i>List Any Food Or Serious Allergies, Medical Restrictions, Etc.</i>

Non-Refundable Application Fee, \$25 PAID: _____ / _____

Tuition, \$_____, less application fee, with a balance of \$_____ to be paid by Sept. 15, 2017.

Parent Signature: _____ Date: _____