

Tree of Life School

Established 1994

“Wisdom is a tree of life for those who embrace her.”

Affiliate Member of the Association of Classical and Christian Schools

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Please complete a form for each child that you are enrolling.

Student Name: _____ M or F (circle) Birth date: _____

Name of Parents: _____

Address: Street/PO Box _____

Town/City _____ Province/State _____ Postal Code/Zip _____

Phone Number: _____ Fax Number: _____

E-Mail Address: _____

I wish to enroll this child in one of the following programs:

Monitored: _____ Unmonitored: _____ Will Confirm During Consultation: _____

Briefly outline this child's formal education: _____

Briefly explain why you have chosen to home school: _____

In your opinion what are your child's academic strengths and weaknesses: _____

In your opinion what are your child's character strengths and weaknesses: _____

What are your child's hobbies or special interests? _____

Does this child have any condition that may affect his/her academic achievement? If so, please specify:

Who will be the teacher for this child? _____

If you have home schooled previously, what program/programs did you use? List specific high school courses if applicable:

What are your family's favourite books? _____

Do you have any other resources in your home that we could incorporate into your child's program?

Are there any other considerations of which we should be aware?

Understanding that all aspects of my child's growth and development are my responsibility as his/her parent, I hereby agree to carry out all requirements concerning implementation of the program, monitoring and adjusting as needed, and payment periods to the best of my ability. Tree of Life School is hereby released from any liability for accidents, injury, or fire that may occur at my home/satellite school site.

Signature _____ Relation _____ Date _____