

Council Road Home School Enrichment Enrollment Request Form

Form Must Be Completed for Each Class Requested

Course Title: _____

Student's Name: _____

Date of Birth: _____

Grade (Fall 2012) _____

Mailing Address: _____

City: _____

Zip: _____

Home Phone: _____

Parent Contact Information

Mother: _____ Cell # _____

Email: _____

Father: _____ Cell # _____

Email: _____

Student Contact Information

Email: _____

Cell # _____

Additional Information:

Years Home Schooled _____

Co-ops Previously Attended: _____

Other CRHE Classes in Which You're Enrolling:
