

SOUTHSIDE HOMESCHOOL ACADEMY

REGISTRATION

Please fill out one form for each student (make copies as needed).

Name _____ Address _____

City _____ Zip _____ Home Phone _____

Work Phone (Mom) Cell Phone (Mom) _____ Work Phone (Dad) Cell Phone (Dad) _____

Email Address *(please print clearly)* _____

Emergency Contact Name _____ Phone Number _____

Gender _____ Age _____ Grade _____ Date of Birth _____

Course Selections

Period	Course Title	Instructor
1		
2		
3		
4		
5		

Southside teachers are not equipped or trained to assist students with disabilities or special needs, whether academic, physical, mental/emotional, or behavioral in nature. If your student has special needs of *any* kind (whether this involves prescribed medication), we ask that you fully disclose all medical or educational details to our administrator before registering. *A release letter from a doctor may be required for attendance.*

Does your child have any medical conditions (including any emotional or mental problems requiring a doctor's care), learning disabilities (LDD), or attention deficit (ADD/ADHD) that will require monitoring or use of any prescription drugs while attending class at SSHSA? No ___ Yes ___ If yes, please explain:

Please note: Depending on the nature of the medical condition, enrollment may be denied or restricted.

Has your child ever been dismissed or suspended from another school because of discipline problems, or charged with an offense by the police? Yes ___ No ___ If yes, please explain why.

Mail this registration form and the registration fee to the following address:

(\$100 for the first family member and \$90 for each additional student)

Southside Homeschool Academy

c/o Robin Settle 2709 Ridgeview Road, Powhatan, VA 23139

*****All registrations postmarked after June 1 must be accompanied with an additional late fee - \$115 for first child/\$95 for each additional student***

Please keep a copy of each student's registration form for your records.

DO NOT WRITE IN BOX BELOW – OFFICE USE ONLY

Date Received _____	Comments: _____
Payment: Amount _____	Check Number _____ Cash _____ Other _____

