

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.

Keep a copy for your records and mail this registration form and the registration fee to the following address:

Before June 1, \$110 for the first family member/\$100 for the second/\$65 for each additional student
September tuition must also be paid to each instructor by June 1

After June 1, \$125 for the first family member/\$110 for the second/\$65 for each additional student
September and October tuition must be paid with sign-up

Southside Homeschool Academy
c/o Robin Settle 2709 Ridgeview Road, Powhatan, VA 23139
Please note: Copy/Lab/Materials Fees are due to the individual teacher at Back to School Night

DO NOT WRITE IN BOX BELOW – OFFICE USE ONLY

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

