

# REGISTRATION FORM

## CORNERSTONE HOMESCHOOL COVERING 2019-2020

---

Parent Names: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_, TX      Zip Code: \_\_\_\_\_

Mom's Cell: \_\_\_\_\_ Do you text?    Yes    No

Dad's Cell: \_\_\_\_\_ Do you text?    Yes    No

Primary Household email address: \_\_\_\_\_

Student Name	DOB	Gender	Grade	Special Note

I have read and I understand Cornerstone Homeschool Coverings Vision, Mission, and Policies and Procedures, and I agree to order my conduct according to the statements contained therein.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Date