

REGISTRATION FORM

CORNERSTONE HOMESCHOOL COVERING 2020-2021

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