

# DaySpring Academy Family Based Home Education Program

## Family Information Form (FIF)

(Fill out ALL info)

Guardian/Parent Name \_\_\_\_\_

Address \_\_\_\_\_ City/zip \_\_\_\_\_

County \_\_\_\_\_ Phone \_\_\_\_\_

Email \_\_\_\_\_

If the enrolling parent does not have sole custody or rights to make all educational choices, Is the other parent in agreement with home education ?

\_\_\_\_\_

### Student Information

Name	Age/Birthdate	Grade
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

### PLEASE READ THOROUGHLY

1. I have read the guidelines and policies of DSA and understand/agree with them.
2. I understand the **enrollment fee is \$95** due upon enrolling with DSA and there is no refund if we leave the school at any time, nor are books included in this fee.
3. I understand that transcripts are not supplied without the payment of any applicable fees and submission of forms.
4. I understand that the enrollment fee does not cover children who are in school but are not enrolling in DaySpring at this time. I understand that an additional fee of \$25 will be due should we decide to enroll them later.
5. I understand DSA policy on **student records and transcripts.**
6. I will keep DSA informed of new phone numbers or address change.
7. I understand that if a child moves in with another parent, enrollment does not transfer.
8. I do not hold DSA, the administrator, staff members or volunteers liable for the education of my child, including purchasing of curriculum, grading or testing.
9. **I understand I am responsible for purchasing or obtaining all books or curriculum.**
10. I understand **DSA is not state accredited.**
11. I understand **DSA fully places all responsibility of the education of my child on me, the parent.**
12. I am including the enrollment transmittal form.

\_\_\_\_\_  
Parents Signature

\_\_\_\_\_  
Date