

Branford Grove School's Registration Form

Please print and fill in this form. Return it along with [fees](#) (check or money order, made payable to Branford Grove School.) Mail to: P.O. Box 341172, Arleta, CA 91334. We will acknowledge receipt of the application via email, clarify any areas on the application, and provide an estimated time for mailing your independent study manual to you. The Annual Enrollment fee is for all or part of the school year, September 1 to August 31 (Fee does not include cost of certificates and/or diplomas. See [About Our School](#) and/or the school's manual for refund policy).

If you have any questions, you may e-mail them to:

[Branford Grove School](#)

Date of Application: _____ School Year: _____

Please include information for each child who will be enrolled for this school year.

** With your application, submit a copy of each student's birth certificate. (This is required, only, if this document is not already contained in the cumulative file that will be transferred from his or her current school.)*

*** Also, please include two (2) photos, which can be trimmed to fit a 1 1/2 x 1 1/2 space, for the photo ID and for the file. Thank you. The student ID includes: the school's name, address, phone and website, along with the student's name, grade, ID # and on the front. The back of the ID says that this student participates in an independent study program and has parental permission to be out of school.*

Student's Name:

Birthdate: _____ Sex: _____ Grade: _____
SS# _____

Student's Name:

Birthdate: _____ Sex: _____ Grade: _____
SS# _____

Student's Name:

Birthdate: _____ Sex: _____ Grade: _____
SS# _____

Address:

City: _____

State/Province: _____ Zip/Post Code: _____

Country: _____

Phone: _____ Fax: _____

E-mail (**required**) : _____

Father's Name: _____ SS#: _____

Address/Phone

(if different from student's)

Mother's Name: _____ SS#: _____

Address/Phone

(if different from student's)

Branford Grove School's Operations Policy

We understand that Branford Grove School cannot offer legal immunity and that we as parents/guardians are responsible for the education of our child(ren).

We realize that Branford Grove School is responsible for the administrative duties and resource direction and is not responsible for the actual education of our child(ren). In the event that we encounter any problems while teaching our child(ren) at home, it is our responsibility to notify Branford Grove School.

We understand our parental responsibilities as listed in the previous information, "About Branford Grove School."

We have read the above policies and agree to support them. We also agree that our relationship with Branford Grove School is by mutual consent and that either we or Branford Grove School may terminate this relationship by written notification.

Father's Signature: _____ Date: _____

Mother's Signature: _____ Date: _____

All applications are subject to Branford Grove School's approval. Branford Grove School is an inclusive organization and does not discriminate on the basis of race, color, creed, or national origin.

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Authorization for Transfer of Student Records

Name of Previous School

Date

School Address

City/State/Zip

Pupil's Name

Date of Birth

Pupil's Name

Date of Birth

Pupil's Name

Date of Birth

I authorize transfer of school records for the above pupil(s) to:

Branford Grove School
PO Box 341172
Arleta, CA 91334

Signature of Parent or Legal Guardian

Address

City/State/Zip

Telephone number

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Branford Grove School

PO Box 341172
Arleta, CA 91334
(818) 890-0350 *Fax* (818) 890-6440
www.branfordgrove.com

Parent-Teacher Educational and Experience Record

Parent's Name _____

Address _____

City Zip Code _____

High School Graduate or equivalent (GED)? Y N (circle one) Year received _____

College education (list degrees, certificates, credentials earned. Include the names of the schools from which each was awarded or earned and the dates received):

 Other education and/or experiences:

I certify that to the best of my knowledge the information provided above is true and accurate.

Signature)

(Date)

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Waiver of Health Examination and Immunizations for School Entry

The form below must be submitted by parents for each child if you are not submitting a health and immunization assessment at time of enrollment or if an assessment is not included with records from your child's previous school

Student's Name:

Birthdate: _____

School: _____

Address:

I have been informed about the health examination recommended by health professionals and required by state law. I choose not to have my child receive a health examination as part of the school entry requirement.

Parent/Guardian

Signature: _____

I certify that immunizations are against my belief:

Parent/Guardian

Signature: _____

Questionnaire

Please give us a little background on your family by completing the following questionnaire.

Reason for each child's participation in Branford Grove School's Independent Study Program:

How did your family hear about learning through independent study/homeschooling?

What types of preparation, research (ie. books read, conferences attended, etc.) has your family done on the subject of independent study/homeschooling?

Do you plan to follow an interest initiated approach to learning (ie. child-led learning) or a more traditional approach (ie. school-at-home)?

Does your family subscribe to or have you had the opportunity to read any of the following magazines: Home Education Magazine, Moore Report International, or Teaching Home?

How does your family (spouse, parents, etc.) view independent study/homeschooling?

Are you in touch with a local support group? _____ If not, we strongly encourage contacting one. If yes, so that we can update our support group list, will you please provide the name, address and phone number of the group contact?

Please provide the name, address and phone number of your local Public School Superintendent:

Name of Public School District:
