

Harvest Time Homeschool Umbrella Program Re-Enrollment Form

School Year: _____ Last Grade Completed: _____

Student's Name: _____

Date of Birth: _____ SS# _____

Address: _____
(Street)

(City) (State) (Zip) (Country)

Phone: _____ E-mail: _____

Signature of Parents or Guardians:

I acknowledge the right of the administration to set up certain policies and guidelines in order to run an efficient and successful school. By signing below I am saying that I have read the parent/teacher handbook and I also agree to pay all fees due according to the schedule provided to me. I understand that failure to do so may result in my child losing his/her position at Harvest Time Homeschool Umbrella Program.

(Father's Signature) (Print Name) (Date)

(Mother's Signature) (Print Name) (Date)

FOR OFFICE USE ONLY:

Re-enrollment Amount: _____

Receipt Number: _____ Date Received: _____