



AliYah Academy
Homeschool Resource Center

Hybrid Homeschool
Class Registration
Middle/ Elementary

Student Name: _____ **Gender:** (Circle one) M F

Date of birth: _____ **Age:** _____ **Grade Level:** _____

Parent/Guardian Names: _____

Email: _____ **Home Phone:** _____

Parent Phone: _____

Has this student been expelled?: If yes please explain.

Does this student have special needs?: If yes please explain.

Available Classes:

Elementary

Middle School

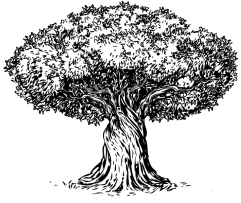
Classes 2 days per week. 9am-2pm

☐ Primer

☐ Middle School (7th-8th)

☐ Foundations - Beginner Readers

☐ Foundations 3 - Chapter Readers



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As legal guardian of my designated student(s), I hereby consent to all student(s) participating in AliYah Academy's program(s). I understand that it is the express intent of all staff, personnel, and volunteers to provide for the safety and protection of my student(s) and, in consideration for allowing my student(s) to use AliYah Academy facilities, I hereby COVENANT NOT TO SUE and FOREVER RELEASE this facility, affiliated and partnered companies and organizations, property owners and lessors, staff, contractors, subcontractors, volunteers, teachers, owners, directors, and other members involved in AliYah Academy's program(s), from all liability and for any and all damages and injuries suffered by my student(s) during instruction, supervision, and/or control during and all classes or extra activities.

I, the parent(s)/guardian(s), understand and agree that AliYah Academy does not have medical personnel available at the location of the student or on the premises. I understand and agree that AliYah Academy, staff, teachers, and volunteers to authorize emergency medical treatment, if necessary, and that such action by AliYah Academy shall be subject to the terms of this agreement. I agree and understand that in the case of a medical emergency, AliYah Academy will contact 911 and send an ambulance to transport my student to the nearest medical facility. I understand and agree that AliYah Academy assumes no responsibility for any injury or damage which might arise out of or in connection with such authorized emergency medical treatment.

Parent Signature

Date