



AliYah Academy

Homeschool Resource Center

Hybrid Homeschool
Class Registration
High School

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:

High School

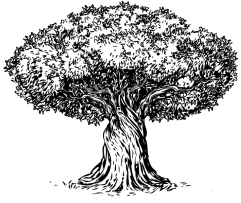
Classes each 1.5 hours

Monday/Wednesday

- ☐ Chemistry with Lab
- ☐ Biology with Lab
- ☐ Math - Algebra 1
- ☐ Math - Algebra 2
- ☐ Art - Painting & Drawing

Tuesday/Thursday

- ☐ English - Novel Writing + Literature Analysis
- ☐ US History 2 - Modern History
- ☐ Latin 1



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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