

**WHITE OAK BAPTIST CO-OP
STUDENT REGISTRATION CARD**
(Please fill out completely and print clearly in ink)

STUDENT's Last Name: _____ Today's Date _____
First Name: _____ Name student goes by (if different): _____
Middle Name: _____ Date of birth: _____ Sex: _____ Grade to enter: _____
Race/Ethnicity: American Indian/Alaskan Native Hispanic/Latino Asian/Pacific Islander
 Black, not of Hispanic origin White, not of Hispanic origin Other
Street: _____ Home Phone: (____) _____ - _____
City: _____ State: _____ Zip Code: _____
Church Now Attending: _____ Attend Sunday School? Yes/No

PARENT A Lives with Student

Last Name: _____ First Name: _____ Mr. / Mrs. / Miss / Dr. / Rev.
Rel. to Student: _____ Occupation: _____ Work Ph.: (____) _____ - _____ Ext. _____
E-Mail Address _____ Cell Ph: (____) _____ - _____

PARENT B Lives with Parent A

Last Name: _____ First Name: _____ Mr. / Mrs. / Miss / Dr. / Rev.
Rel. to Student: _____ Occupation: _____ Work Ph.: (____) _____ - _____ Ext. _____
E-Mail Address _____ Cell Ph: (____) _____ - _____

TUITION PAYER (If different from Parent A. Parent A will be billed unless otherwise indicated.)

Last Name: _____ First Name: _____ Mr. / Mrs. / Miss / Dr. / Rev.
Street: _____ Home Phone: (____) _____ - _____
City: _____ State: _____ Zip Code: _____
Rel. to Student: _____ Authorized Pickup: Yes/No Work Phone: (____) _____ - _____ Ext. _____

I choose the following payment plan: _____ **yearly** _____ **semester** _____ **10 month**

OTHER CONTACTS (Please also fill out Emergency Contact Information form)

Contact #1: _____ Rel. to Student: _____ Phone #: (Day): _____
Contact #2: _____ Rel. to Student: _____ Phone #: (Day): _____

PERSONS AUTHORIZED TO PICK UP MY STUDENT FROM SCHOOL (Other than parents A and B)

| | |
|----------|----------|
| #1 _____ | #4 _____ |
| #2 _____ | #5 _____ |
| #3 _____ | #6 _____ |

PLEASE PROVIDE SALVATION TESTIMONY (If applicable): _____

LAST SCHOOL ATTENDED: _____
Street: _____ City: _____ State: _____ Zip: _____

HOW YOU HEARD ABOUT CO-OP: _____

FOR OFFICE USE ONLY:

| | | |
|------------------------|--------------------|--------------------------|
| Interview Date: _____ | Amt. Rec'd.: _____ | Family Billing ID# _____ |
| Interviewer: _____ | Reg. Fee: _____ | School Year: _____ |
| Enrollment Date: _____ | | Starting Date: _____ |

(See Back)

STATEMENT OF COOPERATION

In making application to White Oak Baptist Co-op I understand that :

1. It is my responsibility as a parent/guardian to pay all registration, tuition and fees as stated on the current financial information sheet. I understand that 30 day delinquent payments (15 days for the May payment) will result in my child's exclusion from school. In the event of withdrawal I am responsible for the balance of the semester's tuition and fees.
 2. The administration of the Co-op is not responsible for the recording of grades.
 3. I agree to uphold academic standards at home and support White Oak Baptist Co-op as they provide a place for my child to study and to give my child encouragement in the completion of homework and assignments. Including the use of curriculum during the program, which is limited to Abeka and Alpha Omega.
 4. My participation is needed in lending practical help and prayer support to the Co-op as it helps me train my children. Because of this, I will endeavor to attend Meetings and volunteer as I am able.
 5. The administration is hereby given full discretion in the discipline of my child. This includes the withdrawal of privileges, the issuing of Tallies, suspensions, and expulsion.
 6. We are expected to support the standards of the Co-op. Should there be any questions, we will contact the administrator to arrange for a conference. If the problem cannot be remedied, we agree to quietly withdraw our child(ren) from the Co-op rather than encourage discord or unrest among other parents.
 7. The Co-op reserves the right to dismiss any student when he or his parent is found to be out of harmony with the rules and policies of White Oak Baptist Co-op.
 8. In full recognition of the serious risks involved, I have elected to have my child take part in school activities, on and off the school premises, including sports and school sponsored trips. I release White Oak Baptist Co-op from any and all liability to me or my child which may otherwise be incurred as a result of any injury suffered as a result of such participation in school or school activities. In case of accident or serious illness, I request that the Co-op contact me and my designated physician and follow his instructions. If the school staff members are unable to reasonably contact me or my physician, the school may make whatever arrangements it deems necessary.
 9. I agree to allow my child(ren)'s pictures to be used for promotional purposes unless the school is given instructions otherwise.
 10. I agree to abide by the policies set forth in the Co-op handbook.
-

I have read and agree to comply with the above STATEMENT OF COOPERATION.

Signature of Parent A

Signature of Parent B

Signature of Sole Guardian