

Central Oklahoma Alliance of Christian Homeschoolers
(aka C.O.A.C.H.)

Family/Student Application 2008-2009

New _____ Returning _____

Parental Authorities/Guardians _____

Mailing Address _____

City _____, OK Zip _____ E-Mail _____

Phone (405) _____ Cell/Pager _____ Work _____

Does Mother work outside of home (Y / N) If so, average # of hours/week _____

How were you referred to COACH? _____ May we contact them? _____

Permission to administer *Tylenol* or *Ibuprofen* to your student/s as needed? _____

Emergency Contacts (if parents unavailable):

Name	Address	Phone
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Name	Address	Phone
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Parent/Guardian signature: _____ Date: _____

Special instructions pertinent to enrollment: _____

Student #1 _____ M _____ F _____

Grade _____ Age _____ DOB _____ Years Home-educated _____

Medical Information/Other: (Please list any medical condition/medication taken on a regular basis)

Student #2 _____ M _____ F _____

Grade _____ Age _____ DOB _____ Years Home-educated _____

Medical Information/Other: (Please list any medical condition/medication taken on a regular basis)

Student #3 _____ M _____ F _____

Grade _____ Age _____ DOB _____ Years Home-educated _____

Medical Information/Other: (Please list any medical condition/medication taken on a regular basis)

Student #4 _____ M _____ F _____

Grade _____ Age _____ DOB _____ Years Home-educated _____

Medical Information/Other: (Please list any medical condition/medication taken on a regular basis)
