



# Colorado Heritage Education School System

1300 Ninth Street ~ Greeley, Colorado 80631

## Application for Enrollment 2010/2011 Academic Year

\$50 annual family fee  
plus \$10 per student (maximum of \$30)

### Tell us about your family

Father's full name: \_\_\_\_\_ Relationship to student(s): \_\_\_\_\_

Mother's full name: \_\_\_\_\_ Relationship to student(s): \_\_\_\_\_

Mailing address: \_\_\_\_\_

City, State, Zip code: \_\_\_\_\_

Home phone: \_\_\_\_\_ Cell phone: \_\_\_\_\_

Work phone: \_\_\_\_\_ Email: \_\_\_\_\_

How many of your school age children are you home schooling? \_\_\_\_\_

Are you members of a church?  No  Yes (name of church) \_\_\_\_\_

How frequently do you attend church?  
 Less than once a month  2 to 4 times per month  About once a week  Generally 2 or more times per week

### Father:

Level of education completed:

Did not finish high school  Completed high school  College  Graduate school

Employment:  Full Time  Part Time  Self-employed  Unemployed **Avg. hours worked per week:** \_\_\_\_\_

The father is:

Strongly in favor of home schooling  In favor of home schooling  
 Cautious, but willing to try home schooling  Opposed to home schooling

### Mother:

Level of education completed:

Did not finish high school  Completed high school  College  Graduate school

Employment:

Home Maker  Full Time  Part Time  Self-employed  Unemployed **Avg. Hrs worked per week:** \_\_\_\_\_

Average hours worked per week: \_\_\_\_\_

**Date reviewed:** \_\_\_\_\_ **Decision:** \_\_\_\_\_  
**Paid: \$** \_\_\_\_\_ **Check #** \_\_\_\_\_  **Enrollment forms sent**

**Tell us about the students you are planning to home school**

Full Name First, Middle, Last	Birthdate MM/DD/YY	Grade	Years home schooled	Previous school attended

What is your primary reason for choosing home schooling? \_\_\_\_\_

\_\_\_\_\_

Who will be the primary person educating the student(s)?  Father  Mother  Other: \_\_\_\_\_

Are any of the students on any prescription drugs for behavior modification?  No  Yes

If yes, please list student's name and prescription \_\_\_\_\_

\_\_\_\_\_

**If transferring from a public or private school, please answer the following questions.**

What is your primary reason for withdrawing? \_\_\_\_\_

\_\_\_\_\_

Is the student involved in any court cases or social service proceedings?  No  Yes (please explain situation, court orders, and/or charges) \_\_\_\_\_

\_\_\_\_\_

Has the student been suspended or expelled?  No  Yes (please explain)

\_\_\_\_\_

The fee to enroll in CHESS is \$50 annual family membership plus \$10 per student (maximum of \$30 per year student fees). The membership fee is non-refundable.

\_\_\_\_\_  
Father's Signature

\_\_\_\_\_  
Mother's Signature

\_\_\_\_\_  
Date