



Franklin Classical School Umbrella Program

Application for Enrollment 2009-2010

(Abbreviated for Students Enrolled in FCS)

Student's Name: Last _____ First _____ Grade: _____

Date of Birth: _____ Student S.S.# _____ Sex: _____

Parents Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Home Phone #: (_____) _____ Email: _____

Fee Schedule:

6th – 8th grades: \$90.00

9th - 12th grades: \$110.00

Fee Owed _____ Check No. _____

*Please make check payable to **FCS Umbrella Program**.*

I understand and agree to comply with the policies and procedures pertaining to Franklin Classical School Umbrella Program.

Signature of Parent or Guardian

Date

Office Use Only

AppRec _____ Pd _____ Entered _____

Please list the classes your student will be homeschooling and a brief description or syllabus of the course of study (including the number of credits being attempted) below. You may attach a copy of the table of contents if you are using a textbook.

Office Use Only

AppRec _____ Pd _____ Entered _____