	Every guest	HS ion should be	completely answ	vered by parent	or legal guardian using	IP APPLICATION black or blue ink. Please do not staple correspondence to this application.							
1	Mr.	Mrs.			er title	Mr. Mrs. Miss Ms. Other title							
	Name (<u> </u>),,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	15. O Gara		pouse (
PERSONAL	_	Last	Firs	t	Middle initial	Last First Middle initial							
ERS	Address												
-	City	′)			Γ.	State Zip code Zip code							
	Phone _)			Er	mail	$\stackrel{\square}{=}$						
2	Yes Yes		you a U.S. citi		I (LICEDA)	2 16 1 2							
	? If yes, when?												
	Yes No C Do you have school-age children (4–18 years old)? If no, skip to section 3 (Agreement). Yes No D Is someone other than a parent or legal guardian doing the majority of the homeschooling? <i>If yes, please explain on the back</i> .												
Q & A		No E Have	e you been inves	tigated for or ch	arged with child abuse,	neglect, or any other related charge within the past five years?							
Õ	If yes, please explain on the back when the investigation occurred, if there was a finding of abuse or neglect, and if it has been fully resolved. Use a separate sheet if necessary. Include copies of any court documents and correspondence from social services.												
	Yes	No F Has	any legal action	been threatened	l or brought against your	r children, homeschool, or anyone associated with it, or have you been cont	acted						
	by any local school district official, social worker, or other government official concerning your children, your homeschool, or your children's absence from public school? If yes, please describe on the back of this form the threat, legal action, or contact (by whom and when). Include												
		copies of correspondence, legal documents, etc. If you answered "Yes" to questions D, E, or F, please fill out the Expanded Information Section on the reverse side of this form.											
3	By signing	this applica	tion, we agre	ee:		4 Standard or Rush—Additional \$35 fee	=						
	• That all th	e information p	•		st of our knowledge,								
AGREEMENT	 To exercis 	d accurate. e diligence in to	eaching our chile	dren in a respon	sible way.	For a nonrefundable fee of \$35, we will rush your application through th normal review process (which generally takes 2–3 weeks). Approval is no							
REEN	children.	, i	ntentional progra		to instruct our	guaranteed. Payment plan applications cannot be rushed. Your signature authorizes us to charge this rush fee. If paying by check, include \$35 with	h your						
PG	 To notify t 	he Association	child's education promptly of any	threatened or ac	ctual legal paper	membership payment. Questions? Call 540-338-5600.	,						
	received by us related to our homeschool.					SIGN ONLY TO RUSH APPLICATION!							
	Signature	(\mathbf{x})			Date	Signature X							
	Signature	X			Date	Signature X							
5	Signature	One year	Two years	Five years	Lifetime	Monthly Payment Plan \$10/month (first payment \$25)							
5	Signature Standard		Two years \$230	Five years \$500	Lifetime \$1000	Monthly Payment Plan \$10/month (first payment \$25) • Payments can only be made by direct debit or credit card; no money or a \$15 setup fee is added to the first payment.	ders.						
5		One year	-		Lifetime \$1000 The Lifetime Membership will allow your	Monthly Payment Plan \$10/month (first payment \$25) • Payments can only be made by direct debit or credit card; no money ord • A \$15 setup fee is added to the first payment. • All payment plan memberships automatically renew after the 12th month are not eligible for multi-year memberships.	ders.						
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	STOP! If you answered "No" to questions D, E, and F, you do NOT need to complete this section.												
	Expanded Information Section—If you	answered "Yes	s" to (), E , 0	r F in sec	tion	2, plea	ase (com	plete t	his entire	section.	
	Explanations for questions D–F:												
	ase provide the names of both parents and anyone else who is providing ruction or supervision on a regular basis to your children. First name Last name			Years of education completed or degree acquired:	What percentage of the teaching will this person be doing? Column should total 100%.		During what hours will this person be involved in teaching? Example: 9 a.m5 p.m.				If instructor works outside the home, please list work schedule (days and hours). If you need more space, please explain below.		
	Father				()		J d.iii. J	р.т.			рісазе ехріант	below.	
	Mother												
Sec	Other												
mallo	Provide information on all children you are planning to teach at home. List additional children in "Additional explanations." (Generally, we cannot protect your right to homeschool any children other than those in your legal custody. If you are not the parent or legal guardian, please explain.)										nnot pro-		
	Please list students age 4–18 who will be or a	lease list students age 4–18 who will be or are What is instructor's legal relationship to Date home- Is student enrolled Is there any time during										ime during	
3 II	, ,	rrrently being homeschooled. each child? schooling in any public traditional school hours when this student will a when this student will a school broaden.									dent will not		
	If child's last name is different from parents' last name, please provide.	SP=Stepparent		NR=No legal relationship CC=Custodian of child (not court appointed)		(or will		If ye.	If yes, explain		be under adult supervision? If yes, explain below		
		LG=Legal guardian		GP=Grandpa				elow. Yes No		for any child under 13.			
-	First Last A	ge Father	M	other	Other	М	Y /	Ye	es	No	res	No	
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	Additional explanations:												
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	A. I first heard about HSLDA from:				I received t			ion f	rom	: Co	nference tabl	e	
	Home School Heartbeat A lo	Curriculum supplier HSLDA office											
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