

Application for HCLC Course Registration – Survival Strategies

SECTION 1 (To be completed by Parent/Guardian) Please print clearly.

_____ 20_____
Student Last Name First Name Middle Name Expected Graduation Year

PREFERRED NAME _____ DATE OF BIRTH ____/____/____ MALE ____ FEMALE ____

MAILING ADDRESS _____ CITY _____ STATE ____ Zip _____

911 ADDRESS (if different from mailing address) _____ CITY _____ STATE ____ ZIP _____

Student's Cell No. (____) _____ Student's Email address _____

Father's Name: _____ Mother's Name: _____

EMERGENCY CONTACT INFORMATION:

#1	#2
Name _____	Name _____
Relationship _____	Relationship _____
Address (if different) _____	Address (if different) _____
City, State, Zip _____	City, State, Zip _____
Cell No. (____) _____	Cell No. (____) _____
Email Address _____	Email Address _____
Employer _____	Employer _____
Work Phone No. _____	Work Phone No. _____

Does your son/daughter have any educational, physical, medical conditions that we need to be aware of? _____ If so, please describe.

Please continue on back. →

----- Do Not Write Below This Line -----

For Office Use Only

HCLC Course Title Block Grade Level Teacher/Semester Credit Final Grade

SECTION 2 (To be completed by student) Please print clearly. Student's full name: _____

Why do you want to take this course? _____

What do you hope to learn in this course? _____

Have you taken a course at HCLC before? _____

Do you attend church? Yes ___ No ___ If yes, where? _____

Name of Youth Pastor/Worker _____ Contact Number (if available) _____

Are you involved in a weekly small group Bible Study? Yes ___ No ___

Do you work? Yes _____ No _____ If yes, where? _____

What school activities you are involved in, if any? _____

What are some things you spend your time on outside of school? _____

SECTION 3 (Signatures)

I understand that this course is strictly voluntary, and that my child may not be forced/coerced* into taking it. ___ (initial)

I give _____ (Student Name) permission to take this semester's course, **Survival Strategies**, at **Habersham Christian Learning Center** and to participate in all course activities on and off campus.

I have read the **HCLC Parent/Student Handbook** and will encourage my student to participate to the best of his or her ability so that the maximum benefit may be achieved. I understand that failure to adhere to the standards set forth in the HCLC Parent/Student Handbook may result in removal from the course.

Parent/Guardian Signature

Date

I have read the **Parent/Student Handbook** and agree to abide by the rules and regulations set forth therein. I understand that failure to adhere to the standards set forth in the HCLC Parent/Student Handbook may result in removal from the course.

Student Signature

Date

***If you want your child removed from an HCLC course, PLEASE call our office immediately at (706) 778-5483.**