

**E.I.E. Academy  
Independent Study Program  
Enrollment Form**

Father's Last Name: \_\_\_\_\_ Father's First Name: \_\_\_\_\_

Mother's Last Name: \_\_\_\_\_ Mother's First Name \_\_\_\_\_

Address: \_\_\_\_\_ City \_\_\_\_\_ ST: \_\_\_\_\_ ZIP \_\_\_\_\_

Home Phone \_\_\_\_\_ CELL Phone \_\_\_\_\_

Father's Occupation \_\_\_\_\_ Mother's Occupation: \_\_\_\_\_

Children you are enrolling ( Please include first and last name, especially if there are different last names).

Name \_\_\_\_\_ Birthday \_\_\_\_\_ Birth Place \_\_\_\_\_ Age \_\_\_\_ Grade \_\_\_\_

Name \_\_\_\_\_ Birthday \_\_\_\_\_ Birth Place \_\_\_\_\_ Age \_\_\_\_ Grade \_\_\_\_

Name \_\_\_\_\_ Birthday \_\_\_\_\_ Birth Place \_\_\_\_\_ Age \_\_\_\_ Grade \_\_\_\_

Name \_\_\_\_\_ Birthday \_\_\_\_\_ Birth Place \_\_\_\_\_ Age \_\_\_\_ Grade \_\_\_\_

Name \_\_\_\_\_ Birthday \_\_\_\_\_ Birth Place \_\_\_\_\_ Age \_\_\_\_ Grade \_\_\_\_

E-mail address: \_\_\_\_\_ Marital Status: \_\_\_\_ S; \_\_\_\_ M; \_\_\_\_ D; \_\_\_\_ W

Why are you homeschooling your children?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Why do you want to join an Independent Study Program?

\_\_\_\_\_  
\_\_\_\_\_

How long have you been homeschooling? \_\_\_\_\_ How long do you plan on homeschooling? \_\_\_\_\_

HSLDA Membership Number \_\_\_\_\_ Anniversary Date \_\_\_\_\_

We understand that by enrolling our children in EIE Academy that we, the parents, are the primary teachers and responsible for the education of our children. We also understand that EIE Academy will be a source for counseling and activities to help make the home schooling process a successful one. We also understand that EIE Academy is not an accredited school and EIE Academy will not seek accreditation in the near future. There are no refunds after five from receipt of this enrollment form.

Signed: Father: \_\_\_\_\_ Mother: \_\_\_\_\_

**OFFICE USE ONLY:**

Tuition: \_\_\_\_\_

Date Paid: \_\_\_\_\_

Registration Fee: \_\_\_\_\_

Amount Paid: \_\_\_\_\_

High School Fee: \_\_\_\_\_

Check Number: \_\_\_\_\_

Finance Fee: \_\_\_\_\_

Cash or CC: \_\_\_\_\_

Total Fees: \_\_\_\_\_

Balance Due: \_\_\_\_\_