

STREAM ACADEMY ENROLLMENT FORM

Christian-Based Homeschool Program

STUDENT INFORMATION

Full Name: _____

Date of Birth: _____ Age: _____

Grade Level: _____

Gender: ☐ Male ☐ Female

PARENT/GUARDIAN INFORMATION

Full Name: _____

Relationship to Student: _____

Phone Number: _____

Email Address: _____

Home Address: _____

City: _____ State: _____ ZIP: _____

SECONDARY CONTACT (Optional)

Full Name: _____

Relationship: _____

Phone Number: _____

HOMESCHOOL COMPLIANCE (To be completed by parent/guardian)

- ☐ I have filed a Notice of Intent (NOI) with my state's homeschool division.
- ☐ I understand that Stream Academy is not an accredited school.
- ☐ I will maintain my own records and comply with local homeschool laws.

CHRISTIAN AGREEMENT

Stream Academy integrates Christian teachings, prayer, and scripture throughout the curriculum.

☐ I agree to and support a Christian-based education for my child.

EMERGENCY CONSENT

In the event of an emergency during Stream Academy-sponsored online events or meetups, I give permission for basic first aid to be administered or for emergency services to be contacted.

☐ Yes ☐ No

SIGNATURE & DATE

I certify that the above information is true and correct to the best of my knowledge and that I agree to the terms of Stream Academy enrollment.

Parent/Guardian Signature: _____ Date: _____

Office Use Only:

Date Received: _____ Enrollment Approved by: _____