

MANHEIM AREA CHRISTIAN HOMESCHOOL
APPLICATION TO ATTEND WITHOUT A PARENT

Parent(s) name(s) _____

Address:

Email Address:

Phone number:

Church Fellowship

Student name(s) and grade(s) _____

If your student will be taking a study hall between classes, please note that, rather than leaving the slot blank.

Child's Name And grade			
	Class Name	Class Name	Class Name
8-9 am(Math only)			
9-10			
10-11			
11-12			
LUNCH			
12:30-1:30			
1:30-2:30			

We have read the Statement of Faith, Regulations and Policies, Dress Code, Student Conduct, Disciplinary Policy, Consequential action for Misconduct, and Grievance Policy, and believe that MACH could help further the goals we have for our family in the areas of spiritual, physical, and academic growth. Yes _____ No _____

Class fees- \$100/ class, plus a \$75 facility fee/ class, with a maximum facility fee of \$300/ family / year. DO NOT SEND ANY MONEY AT THIS TIME.

Please submit the following form to Sue Snavelly
 13 Hallmark Drive
 Lititz PA 17543