



2106 Churchville Road, Bel Air, Maryland 21015
Staff representative, Steve Poole
410-838-9898

Home School Umbrella Application

Parents: _____

Mailing Address: _____ City: _____

State: _____ Zip Code: _____ Home Phone: _____

Cell Phone: _____ Additional Phone: _____

E-mail Address: _____ County of Residence: _____

School District: _____ Pupil Personnel Worker: _____

How long have you been home schooling? _____

Please indicate the program you intend to use: _____

Student Information

Please list only the children who are being home schooled. Use reverse of application is necessary.

First, Middle Initial, Last Name	Date of Birth	Gender	Grade level
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Confirmation of Application

Signature of Parent(s) or Legal Guardian

Date

Checklist—

___ The amount due is \$75. Enclosed is our check made payable to the **Oak Grove Baptist Church**.

___ We have attached a copy of the **Homeschooling Notification Form** that we filed with our Pupil Personnel Worker.

___ We have attended the mandatory **Pre-enrollment Conference** with the administration of the Oak Grove Umbrella.
