

**Mountains Christian Academy**  
**Independent Study**  
**Renewal Form**  
**YEAR \_\_\_\_\_**

Mother's Name \_\_\_\_\_

Physical address \_\_\_\_\_ City \_\_\_\_\_ ZIP \_\_\_\_\_

Mailing address \_\_\_\_\_ City \_\_\_\_\_ ZIP \_\_\_\_\_

Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_ Cell \_\_\_\_\_

Father's Last Name \_\_\_\_\_

Physical address \_\_\_\_\_ City \_\_\_\_\_ ZIP \_\_\_\_\_

Mailing address \_\_\_\_\_ City \_\_\_\_\_ ZIP \_\_\_\_\_

Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_ Cell \_\_\_\_\_

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

E-mail Address: Mother: \_\_\_\_\_ Father: \_\_\_\_\_

Children you are enrolling (include last names if different from mother).

Full Name \_\_\_\_\_ Age \_\_\_\_ Grade \_\_\_\_

Full Name \_\_\_\_\_ Age \_\_\_\_ Grade \_\_\_\_

Full Name \_\_\_\_\_ Age \_\_\_\_ Grade \_\_\_\_

Full Name \_\_\_\_\_ Age \_\_\_\_ Grade \_\_\_\_

Full Name \_\_\_\_\_ Age \_\_\_\_ Grade \_\_\_\_

HSLDA Membership Number, if changed \_\_\_\_\_ Anniversary Date \_\_\_\_\_

We understand that by continuing our children's affiliation with Mountains Christian Academy (MCA) that we the parents are the primary teachers and responsible for the education of our children. Enrolling in MCA does not protect us from legal action by the state or local school district. We understand that while membership in the Home School Legal Defense (HSLDA) is not required, it is highly recommended. Group discount is available.

I agree to keep this application up to date with changes in address, e-mail, phone, etc.

We understand that our enrollment in MCA is by mutual agreement, and either party may notify the other of termination of this agreement. No refunds of fees paid will be made.

We also understand that MCA will be a source for counseling and activities to help make the homeschooling process a successful one. We also understand that MCA is not an accredited school and MCA will not seek accreditation in the near future. We will not hold MCA responsible for any accidents, injury, or death that may occur on a field trip, event, or library visit arranged by MCA.

All applications are subject to the approval of MCA.

Signed: \_\_\_\_\_

For MCA use only

Date Received \_\_\_\_\_

Forms to return:

\_\_\_\_\_ This Renewal

\_\_\_\_\_ Course of Study for each child

\_\_\_\_\_ Health Exam, if waiver not filed

\_\_\_\_\_ Immunization Form, if waiver not filed

**Please turn in at end of each semester:**

Report card/ progress report (either by quarter, by semester, or by year)

Attendance record (only need to record absences of more than half day)

Payment Record:
-----------------