



## SDC Youth Student and Parent Application

(Revised November, 2015)

Thank you for your interest in SDC Youth!

Our mission is to come alongside parents as they train up their children in spiritual and academic pursuits.

**Please complete this application and return to the SDC Youth before your first class.**

### General Information

Date of application \_\_\_\_\_

\_\_\_\_\_  
*Father's First Name* \_\_\_\_\_ *Last Name* \_\_\_\_\_ *Cell Phone* (\_\_\_\_) \_\_\_\_\_

\_\_\_\_\_  
*Mother's First Name* \_\_\_\_\_ *Last Name* \_\_\_\_\_ *Cell Phone* (\_\_\_\_) \_\_\_\_\_

Home Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone (\_\_\_\_) \_\_\_\_\_ Email Address \_\_\_\_\_

#### 1. Student Name

\_\_\_\_\_  
*First* \_\_\_\_\_ *Last* \_\_\_\_\_ Date of Birth \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Grade Level \_\_\_\_\_

#### 2. Student Name

\_\_\_\_\_  
*First* \_\_\_\_\_ *Last* \_\_\_\_\_ Date of Birth \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Grade Level \_\_\_\_\_

#### 3. Student Name

\_\_\_\_\_  
*First* \_\_\_\_\_ *Last* \_\_\_\_\_ Date of Birth \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Grade Level \_\_\_\_\_

#### 4. Student Name

\_\_\_\_\_  
*First* \_\_\_\_\_ *Last* \_\_\_\_\_ Date of Birth \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Grade Level \_\_\_\_\_

Name of Church You Attend: \_\_\_\_\_

## Educational History

How did you learn about SDC Youth? If you have friends or family already in the program, please list their names.

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Is this your first year homeschooling? If so, why did you decide to homeschool? If not, how long have you been homeschooling, and why did you decide to homeschool your children?

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If you have been part of a charter school, please list the name of the charter and length of time involved. Do you plan to continue working under the charter school? If so, do you understand the faith-based differences, seat-hour requirements, and curriculum choice restrictions between private homeschools and public charter schools?

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Is your family a member of HSLDA (Home School Legal Defense Association) or CHEA (Christian Home Educators Association of California)?

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Has your child ever been dismissed or expelled from a school for any reason? If so, please explain.

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Has your child evidenced a learning disorder of any type that might impact classroom behavior or learning? If yes, please explain.

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## Parent Signatures

Father's Name (Please print): \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Mother's Name (Please print): \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_