Student Registration

For office use only:
Registration year: _____
Registration grade: _____

Student's name _____DOB_____Male ___ Female _____
Parent(s) and/or Legal Guardian(s): _____
Home address _____ city _____ state ___ Zip _____
Phone numbers (home)_____ (cell)_____ (work)_____
Legal resident of U.S.? yes____ no____ email address _____
Student's signature if 18+ years-old_____

Home Education Designs serves families who comply with school attendance laws. Parents must "qualify" to home school legally. Please indicate under which provision you fulfill the compulsory school attendance laws in Washington.

_____ I have 45 college credits.
_____ I have completed the 10-hour home school parent qualifying course.
_____ I meet with a state-certified teacher once a week who supervises our home school program.
_____ I have filed my "Intent to Home school Form" with the school district.

Qualifying parent's signature _____ Date _____
Your signature authorizes Home Education Designs to prepare an accredited transcript of your student's academic work. The mailing address of H.E.D. is 14 S. 6th Ave., Yakima, WA 98902.

High School Courses Plan year_____ grade_____

Course categories: *English, World Languages, Science, Social Studies, Math, Arts, Occupational Ed., Health/Fitness*

Course Category / **Credit amount anticipated**	***Course Title*** ……	***Self-designed, Unit study or text?***
	Text or resource to be used	
	Text or resource to be used	
	Text or resource to be used	
	Text or resource to be used	
	Text or resource to be used	
	Text or resource to be used	
	Text or resource to be used	