



THE UNDERWOOD BRANCH
HOMESCHOOL COOPERATIVE

STUDENT ENROLLMENT FORM

STUDENT NAME: _____
DATE OF BIRTH: _____
GRADE LEVEL/EQUIVALENT: _____
PARENT/GUARDIAN NAME(S): _____
PHONE NUMBER: _____
EMAIL ADDRESS: _____
HOME ADDRESS: _____

EDUCATIONAL INFORMATION

DOES THE STUDENT HAVE AN INDIVIDUALIZED EDUCATION PLAN (IEP) OR 504 PLAN?

☐ YES ☐ NO

IF YES, PLEASE PROVIDE A COPY (IF APPLICABLE).

DOES THE STUDENT RECEIVE ANY ADDITIONAL LEARNING SUPPORT (TUTORING, SPEECH THERAPY, OCCUPATIONAL THERAPY, ETC.)?

☐ YES ☐ NO

IF YES, PLEASE DESCRIBE:

SPECIAL CONSIDERATIONS

DOES THE STUDENT HAVE ANY MEDICAL CONDITIONS OR ALLERGIES?

☐ YES ☐ NO

IF YES, PLEASE LIST:

ANY LEARNING STYLES OR TEACHING APPROACHES THAT WORK BEST FOR YOUR CHILD?

PARENT/GUARDIAN SIGNATURE: _____

DATE: _____



THE UNDERWOOD BRANCH
HOMESCHOOL COOPERATIVE

CHECKLIST OF REQUIRED DOCUMENTS

- ☐ COPY OF BIRTH CERTIFICATE
- ☐ TRANSCRIPTS (1ST GRADE +)
- ☐ VACCINATION RECORDS
- ☐ VACCINATION EXEMPTION
- ☐ NOTICE OF INTENT TO HOMESCHOOL
- ☐ EFA APPLICATION CONFIRMATION
- ☐ EFA APPROVAL
- ☐ IEP/504
- ☐ THERAPY CONSENT



THE UNDERWOOD BRANCH
HOMESCHOOL COOPERATIVE

MEDICAL & EMERGENCY CONTACT FORM

STUDENT NAME: _____

DATE OF BIRTH: _____

PARENT/GUARDIAN NAME: _____

PRIMARY PHONE NUMBER: _____

SECONDARY PHONE NUMBER: _____

EMERGENCY CONTACTS (IF PARENT/GUARDIAN IS UNAVAILABLE)

1. NAME: _____ PHONE: _____

2. NAME: _____ PHONE: _____

MEDICAL INFORMATION

PRIMARY CARE PHYSICIAN _____

PHONE: _____

• PREFERRED HOSPITAL: _____

• MEDICAL CONDITIONS: _____

• MEDICATIONS TAKEN REGULARLY: _____

• DOES YOUR CHILD REQUIRE AN EPIPEN OR INHALER? YES / NO

PERMISSION FOR EMERGENCY MEDICAL TREATMENT

I, (PARENT/GUARDIAN NAME) _____

AUTHORIZE THE HOMESCHOOL COOPERATIVE STAFF TO SEEK
EMERGENCY MEDICAL TREATMENT FOR MY CHILD IF NECESSARY.

I UNDERSTAND THAT ALL EFFORTS WILL BE MADE TO CONTACT ME FIRST.

PARENT/GUARDIAN SIGNATURE: _____

DATE: _____



THE UNDERWOOD BRANCH
HOMESCHOOL COOPERATIVE

LIABILITY WAIVER & HOLD HARMLESS AGREEMENT

STUDENT NAME: _____

PARENT/GUARDIAN NAME: _____

ACKNOWLEDGMENT OF RISK

- ☐ I UNDERSTAND THAT MY CHILD'S PARTICIPATION IN THE HOMESCHOOL COOPERATIVE INVOLVES VARIOUS ACTIVITIES, INCLUDING CLASSROOM INSTRUCTION, FARM-RELATED EXPERIENCES, OUTDOOR PLAY, AND OTHER HANDS-ON LEARNING. I ACKNOWLEDGE THAT THESE ACTIVITIES MAY CARRY INHERENT RISKS, INCLUDING BUT NOT LIMITED TO:
- INJURIES FROM ANIMALS, FARM EQUIPMENT, OR OUTDOOR ELEMENTS
 - MINOR SCRAPES, CUTS, OR BRUISES FROM PHYSICAL ACTIVITY
 - POTENTIAL ALLERGIC REACTIONS

- ☐ I VOLUNTARILY ASSUME ALL RISKS ASSOCIATED WITH MY CHILD'S PARTICIPATION.

WAIVER & RELEASE

- ☐ I AGREE TO RELEASE AND HOLD HARMLESS THE UNDERWOOD BRANCH, ITS ORGANIZERS, STAFF, VOLUNTEERS, AND AFFILIATES FROM ANY LIABILITY FOR INJURIES, ACCIDENTS, OR DAMAGES OCCURRING WHILE MY CHILD IS PARTICIPATING IN COOPERATIVE ACTIVITIES.
- ☐ I UNDERSTAND THAT THIS WAIVER DOES NOT APPLY TO INCIDENTS CAUSED BY GROSS NEGLIGENCE OR INTENTIONAL MISCONDUCT.

PARENT/GUARDIAN SIGNATURE: _____

DATE: _____



THE UNDERWOOD BRANCH
HOMESCHOOL COOPERATIVE
PHOTO & VIDEO RELEASE FORM

STUDENT NAME: _____
PARENT/GUARDIAN NAME: _____

CONSENT FOR PHOTOGRAPHY & VIDEOGRAPHY

I, (PARENT/GUARDIAN NAME), GIVE PERMISSION FOR THE UNDERWOOD BRANCH TO PHOTOGRAPH AND/OR RECORD MY CHILD DURING COOPERATIVE ACTIVITIES. THESE IMAGES AND VIDEOS MAY BE USED FOR:

- ☐ INTERNAL USE (NEWSLETTER'S, CLASSROOM DOCUMENTATION)
- ☐ PUBLIC USE (WEBSITE, SOCIAL MEDIA, PROMOTIONAL MATERIALS)

☐ I DO NOT CONSENT TO ANY PHOTOGRAPHY OR VIDEOGRAPHY OF MY CHILD

PARENT/GUARDIAN SIGNATURE _____

DATE: _____



THE UNDERWOOD BRANCH
HOMESCHOOL COOPERATIVE

BEHAVIOR & DISCIPLINE AGREEMENT

STUDENT NAME: _____

PARENT/GUARDIAN NAME: _____

BEHAVIOR EXPECTATIONS

STUDENTS ARE EXPECTED TO:
SHOW RESPECT TO PEERS, TEACHERS, AND VOLUNTEERS

FOLLOW SAFETY RULES, ESPECIALLY AROUND FARM
ANIMALS AND EQUIPMENT

USE KIND AND APPROPRIATE LANGUAGE

PARTICIPATE POSITIVELY IN COOPERATIVE ACTIVITIES

DISCIPLINARY ACTIONS

IF A STUDENT DOES NOT MEET BEHAVIOR EXPECTATIONS, THE FOLLOWING
STEPS WILL BE TAKEN:

1. VERBAL WARNING – A REMINDER OF THE COOPERATIVE'S RULES.
2. PARENT NOTIFICATION – IF ISSUES CONTINUE, PARENTS WILL BE INFORMED.
3. TEMPORARY SUSPENSION – FOR REPEATED OR SEVERE BEHAVIOR VIOLATIONS.
4. DISMISSAL FROM THE COOPERATIVE – IF BEHAVIOR REMAINS UNCORRECTED.

I ACKNOWLEDGE AND AGREE TO FOLLOW THE COOPERATIVE'S BEHAVIOR
GUIDELINES.

STUDENT SIGNATURE: _____

PARENT/GUARDIAN SIGNATURE: _____

DATE _____



THE UNDERWOOD BRANCH
HOMESCHOOL COOPERATIVE

VOLUNTEER AGREEMENT FORM

VOLUNTEER NAME: _____
PHONE NUMBER: _____
EMAIL ADDRESS: _____

VOLUNTEER ROLES & RESPONSIBILITIES

I AGREE TO VOLUNTEER FOR THE HOMESCHOOL COOPERATIVE IN
THE FOLLOWING CAPACITY:

- ☐ TEACHING OR ASSISTING IN CLASSES
- ☐ SUPERVISING STUDENTS
- ☐ FARM WORK/ANIMAL CARE
- ☐ EVENT PLANNING OR FUNDRAISING
- ☐ OTHER: _____

EXPECTATIONS & CONDUCT

FOLLOW ALL COOPERATIVE POLICIES AND PROCEDURES
MAINTAIN A SAFE AND RESPECTFUL ENVIRONMENT FOR STUDENTS
NOTIFY THE COOPERATIVE IF UNABLE TO ATTEND A SCHEDULED
VOLUNTEER SHIFT
MAINTAIN CONFIDENTIALITY REGARDING STUDENT INFORMATION

LIABILITY RELEASE

I UNDERSTAND THAT VOLUNTEERING AT THE HOMESCHOOL
COOPERATIVE INVOLVES INHERENT RISKS. I AGREE TO RELEASE AND
HOLD HARMLESS (HOMESCHOOL COOPERATIVE NAME) FROM ANY
LIABILITY RELATED TO MY PARTICIPATION.

VOLUNTEER SIGNATURE: _____
DATE: _____

COOPERATIVE REPRESENTATIVE SIGNATURE:

DATE: _____



THE UNDERWOOD BRANCH
HOMESCHOOL COOPERATIVE

TECHNOLOGY AGREEMENT FORM

STUDENT NAME: _____
GRADE LEVEL: _____
PARENT/GUARDIAN NAME: _____
DATE: _____

PURPOSE

THIS AGREEMENT OUTLINES THE RULES AND RESPONSIBILITIES REGARDING THE USE OF TECHNOLOGY AT THE HOMESCHOOL COOPERATIVE, INCLUDING PERSONAL DEVICES, COOPERATIVE-OWNED DEVICES, INTERNET ACCESS, AND EDUCATIONAL SOFTWARE.

STUDENT TECHNOLOGY USE RULES

STUDENTS ARE EXPECTED TO:

- USE DEVICES FOR EDUCATIONAL PURPOSES ONLY
- ACCESS ONLY AGE-APPROPRIATE AND TEACHER-APPROVED WEBSITES AND APPS
- RESPECT EQUIPMENT AND USE IT CAREFULLY
- NEVER SHARE PASSWORDS OR ACCESS OTHER STUDENTS' ACCOUNTS
- ASK PERMISSION BEFORE USING ANY TECHNOLOGY NOT PREVIOUSLY APPROVED
- REPORT ANY TECHNICAL ISSUES OR INAPPROPRIATE CONTENT IMMEDIATELY

UNACCEPTABLE USE INCLUDES (BUT IS NOT LIMITED TO):

- ACCESSING SOCIAL MEDIA, GAMING SITES, OR STREAMING SERVICES WITHOUT PERMISSION
- DOWNLOADING OR INSTALLING UNAUTHORIZED SOFTWARE
- DAMAGING OR ALTERING HARDWARE OR SOFTWARE SETTINGS
- CYBERBULLYING OR ENGAGING IN DISRESPECTFUL DIGITAL BEHAVIOR
- VIEWING OR SHARING INAPPROPRIATE, EXPLICIT, OR VIOLENT CONTENT



THE UNDERWOOD BRANCH
HOMESCHOOL COOPERATIVE

CONSEQUENCES FOR MISUSE

VIOLATIONS OF THE TECHNOLOGY AGREEMENT MAY RESULT IN:

1. WARNING AND TEMPORARY LOSS OF TECHNOLOGY PRIVILEGES
2. NOTIFICATION TO PARENTS/GUARDIANS
3. LONG-TERM RESTRICTION FROM TECHNOLOGY ACCESS
4. DISCIPLINARY ACTION UP TO AND INCLUDING SUSPENSION FROM THE COOPERATIVE

PARENT/GUARDIAN RESPONSIBILITIES

- REVIEW AND SUPPORT THE COOPERATIVE'S TECHNOLOGY USE POLICIES
- ENSURE ANY DEVICES BROUGHT FROM HOME FOLLOW COOPERATIVE RULES
- MONITOR STUDENTS' USE OF COOPERATIVE PLATFORMS AT HOME, IF APPLICABLE

DEVICE RESPONSIBILITY (IF APPLICABLE)

- ☐ MY CHILD WILL BRING THEIR OWN DEVICE TO USE AT THE COOPERATIVE
- ☐ MY CHILD WILL USE A COOPERATIVE-OWNED DEVICE
- ☐ I UNDERSTAND THAT I MAY BE RESPONSIBLE FOR ANY DAMAGE TO COOPERATIVE-OWNED EQUIPMENT DUE TO NEGLIGENCE OR MISUSE

SIGNATURES

STUDENT AGREEMENT:

I HAVE READ AND UNDERSTAND THE TECHNOLOGY RULES. I AGREE TO USE ALL TECHNOLOGY RESPONSIBLY.

STUDENT SIGNATURE: _____ DATE: _____

PARENT/GUARDIAN AGREEMENT:

I HAVE REVIEWED THE COOPERATIVE'S TECHNOLOGY USE POLICIES AND AGREE TO SUPPORT THEM.

PARENT/GUARDIAN SIGNATURE: _____
DATE: _____

COOPERATIVE REPRESENTATIVE SIGNATURE: _____
DATE: _____



THE UNDERWOOD BRANCH
HOMESCHOOL COOPERATIVE
FIELD TRIP PERMISSION SLIP

STUDENT NAME: _____
PARENT/GUARDIAN NAME: _____

TRIP DETAILS

- DESTINATION: _____
- DATE & TIME: _____ FROM _____ TO _____
- TRANSPORTATION PROVIDED BY: (E.G., PERSONAL VEHICLES, BUS, PARENT CARPOOL)

EMERGENCY CONTACT INFORMATION

- PRIMARY CONTACT: _____

PHONE: _____

- SECONDARY CONTACT: _____

PHONE: _____

MEDICAL INFORMATION

- DOES YOUR CHILD HAVE ANY MEDICAL CONDITIONS, ALLERGIES, OR MEDICATIONS THAT NEED TO BE CONSIDERED ON THIS TRIP? YES / NO
- IF YES, EXPLAIN:

PARENT CONSENT

I GIVE PERMISSION FOR MY CHILD TO ATTEND THE ABOVE-LISTED FIELD TRIP WITH (HOMESCHOOL COOPERATIVE NAME). I UNDERSTAND THE COOPERATIVE IS NOT RESPONSIBLE FOR INJURIES OR ACCIDENTS BEYOND REASONABLE SUPERVISION.

PARENT/GUARDIAN SIGNATURE: _____

DATE: _____



THE UNDERWOOD BRANCH
HOMESCHOOL COOPERATIVE
FARM SAFETY AGREEMENT

STUDENT NAME: _____
PARENT/GUARDIAN NAME: _____

FARM SAFETY RULES

ALWAYS FOLLOW STAFF INSTRUCTIONS WHEN HANDLING ANIMALS

WEAR APPROPRIATE CLOTHING AND CLOSED-TOE SHOES

NEVER ENTER ANIMAL ENCLOSURES WITHOUT PERMISSION

WASH HANDS AFTER TOUCHING ANIMALS

PARENT ACKNOWLEDGMENT

I UNDERSTAND THAT MY CHILD WILL PARTICIPATE IN FARM-RELATED ACTIVITIES, WHICH INCLUDE POTENTIAL RISKS SUCH AS MINOR SCRATCHES, INSECT BITES, OR ALLERGIC REACTIONS. I AGREE THAT (HOMESCHOOL COOPERATIVE NAME) IS NOT RESPONSIBLE FOR INJURIES BEYOND REASONABLE SUPERVISION.

PARENT/GUARDIAN SIGNATURE: _____

DATE: _____



THE UNDERWOOD BRANCH
HOMESCHOOL COOPERATIVE

WITHDRAWAL & REFUND POLICY FORM

PARENT/GUARDIAN NAME: _____
STUDENT NAME(S): _____

WITHDRAWAL PROCESS

- WRITTEN NOTICE IS REQUIRED AT LEAST TWO WEEKS BEFORE WITHDRAWAL.
- MATERIALS AND BORROWED ITEMS MUST BE RETURNED BEFORE WITHDRAWAL IS FINALIZED.

REFUND POLICY

NO REFUNDS WILL BE GIVEN OF EFA FUNDS, PRIVATE PAY REFUNDS WILL BE DETERMINED ON WHAT DAY THE WITHDRAWAL IS MADE.

EXAMPLE: PARENT NOTIFIES COOPERATIVE 12 DAYS BEFORE THE 4TH QUARTER EFA DISBURSEMENT THAT THEIR CHILD WILL BE WITHDRAWING IMMEDIATELY. PARENT DOES NOT NEED TO SEND 4TH QUARTER DISBURSEMENT AND THEY WILL NOT RECEIVE ANY REFUNDS FOR THE 3RD QUARTER PAYMENTS. IF A PARENT MAKES A PRIVATE PAY PAYMENT ON THE 1ST AND WITHDRAWALS ON THE 3RD, A REFUND MAY BE GIVEN.

I ACKNOWLEDGE AND UNDERSTAND THE WITHDRAWAL AND REFUND POLICY.

PARENT/GUARDIAN SIGNATURE _____

:

DATE: _____



THE UNDERWOOD BRANCH
HOMESCHOOL COOPERATIVE
HOMESCHOOL COOPERATIVE
ANNUAL PAYMENT CONTRACT

PARENT/GUARDIAN NAME: _____
STUDENT NAME: _____
PHONE NUMBER: _____
EMAIL ADDRESS: _____

TUITION AGREEMENT

1. TOTAL ANNUAL TUITION: \$ _____
2. PAYMENT TERM:
 - THIS TUITION MUST BE PAID IN FULL WITHIN A 12-MONTH PERIOD, BEGINNING ON: _____ AND ENDING ON: _____
 - PAYMENTS ARE TO BE MADE IN EQUAL BIWEEKLY INSTALLMENTS OF \$ _____, DUE ON THE FIRST (1ST) AND FIFTEENTH (15TH) OF EACH MONTH.

LATE FEES & PENALTIES

- A LATE FEE OF \$35 WILL BE APPLIED FOR ANY PAYMENT RECEIVED AFTER 10 DAYS OF THE DUE DATE.
- IF PAYMENT IS NOT RECEIVED BY THE END OF THE MONTH AN ADDITIONAL \$50 PENALTY WILL BE ADDED.
- IF TUITION REMAINS UNPAID FOR 40 DAYS, THE FOLLOWING WILL OCCUR:
 - THE STUDENT WILL BE SUSPENDED FROM ALL COOPERATIVE ACTIVITIES BEGINNING THE FIRST OF THE FOLLOWING MONTH.

A WRITTEN WARNING WILL BE ISSUED.

- IF PAYMENT IS STILL NOT RECEIVED WITHIN 14 DAYS OF SUSPENSION, THE STUDENT WILL BE PERMANENTLY WITHDRAWN FROM THE COOPERATIVE.
- NO REFUNDS WILL BE ISSUED, AND THE REMAINING BALANCE WILL STILL BE DUE.



THE UNDERWOOD BRANCH
HOMESCHOOL COOPERATIVE

· OUTSTANDING BALANCES WILL BE TURNED OVER TO A COLLECTIONS AGENCY, AND THE PARENT/GUARDIAN WILL BE RESPONSIBLE FOR ALL COLLECTION FEES AND LEGAL COSTS.

NON-REFUNDABLE POLICY

· TUITION PAYMENTS ARE NON-REFUNDABLE, EVEN IF THE STUDENT WITHDRAWS EARLY, IS REMOVED DUE TO NON-PAYMENT, OR MISSES DAYS FOR ILLNESS, TRAVEL, OR PERSONAL REASONS.

PAYMENT METHODS

· ACCEPTED FORMS OF PAYMENT:
· AUTOMATIC MONTHLY BILLING IS AVAILABLE AND ENCOURAGED TO AVOID LATE FEES.

ACKNOWLEDGMENT & AGREEMENT

I UNDERSTAND AND AGREE TO THE TERMS OF THIS CONTRACT. I ACCEPT FULL RESPONSIBILITY FOR PAYING TUITION IN ACCORDANCE WITH THE COOPERATIVE'S POLICIES. I UNDERSTAND THAT FAILURE TO PAY AS AGREED WILL RESULT IN SUSPENSION, DISMISSAL, AND FURTHER COLLECTION ACTION IF NECESSARY.

PARENT/GUARDIAN SIGNATURE: _____
DATE: _____

COOPERATIVE REPRESENTATIVE SIGNATURE:

DATE: _____