

# Stephens County Christian Learning Center

**clcstephens20@gmail.com**

Please check below the course(s) you are taking this semester.

<b>Elementary/Middle School</b>	<b>High School</b>
_____ The Basics (5 <sup>th</sup> gr.)	_____ Family, Community, and Careers
_____ Foundations (6 <sup>th</sup> gr.)	_____ Life Skills and Careers
_____ Foundations II (7 <sup>th</sup> gr.)	_____ Current Issues
_____ Foundations III (8 <sup>th</sup> gr.)	_____ Comparative Religions

By my signature below, I (print name) \_\_\_\_\_

give my child, \_\_\_\_\_,

- Permission to participate in the course(s) marked above and to ride in the transportation provided by the Stephens County Christian Learning Center to and from the CLC classroom daily and/or on field trips. Also,
- I have read, understand, and agree to adhere to the CLC Student Handbook.
- Upon completion of the CLC class, I agree for my child's grades to be transferred to Stephens County Schools.
- Photographs of my child may be used in SCCLC publications.

\_\_\_\_\_  
Student Name

\_\_\_\_\_  
Parent Signature

\_\_\_\_\_  
Grade

\_\_\_\_\_  
Date

\_\_\_\_\_  
Address

\_\_\_\_\_  
Home Telephone Number

\_\_\_\_\_  
City

\_\_\_\_\_  
Zip Code

\_\_\_\_\_  
Cell Phone Number