Stephens County Christian Learning Center

**clcstephens20@gmail.com**

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

 **Elementary/Middle School High School**

\_\_\_\_\_\_ The Basics (5th gr.) \_\_\_\_\_\_ Family, Community, and Careers

\_\_\_\_\_\_ Foundations (6th gr.) \_\_\_\_\_\_ Life Skills and Careers

\_\_\_\_\_\_ Foundations II (7th gr.) \_\_\_\_\_\_ Current Issues

\_\_\_\_\_\_ Foundations III (8th 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.

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| --- | --- |
| Student Name   | Parent Signature  |
| \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  |
| Grade   | Date  |
| \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  |
| Address   | Home Telephone Number  |
| \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  |
| City Zip Code  | Cell Phone Number  |