



Application for PATH

(Plano Area Texas Homeschoolers)

For Administrative use only!
 Date Received: _____ Order: _____ Confirmed area of service: _____ Notified 1st _____ 2nd _____ References checked? Y/N
 Dropped from waiting list? Y/N Registration Number _____ Check number _____ or Cash \$ _____

Family Last Name _____ Phone _____

Mother's Name _____ Father's Name _____

Address _____ City, Zip _____

Church Name _____ Pastor's Name _____ Years of homeschooling? _____

Mother's birth month/day _____ Email _____ Father's Employment _____

How frequently do you check your email? _____ We communicate through email almost exclusively and thus checking your email every few days is very important to being current with the activities and news of PATH.

Student information (names as you wish them to appear on name tags; please include any nursery or preschool children)

Names	Grade	Birthdate

Parents' talents/experience/hobbies/areas of interest (to help the co-op identify future resources for classes): _____

Classes you would be interested in teaching: _____

Grade levels you feel comfortable teaching (circle all that apply): **K-2 3-6 6-8 9-12**

I/we understand that every family must work and contribute a minimum of two "credits" in some capacity at the co-op.
 I/we also understand that 1 parent must stay at the Church during co-op and would like to serve in these areas (circle all that apply):

Teach (1 credit), Co-teach (1/2 credit), Clean-up 3:00-4:30 on Mondays (2 credits), Set-up 7:30-9:00 Monday morning (2 credits)

Are you involved in another co-op? If yes, then please explain on the back of this application. Yes or No

Families you are acquainted with who are currently involved in any similar (or this) co-op or 2 other references, Pastor etc.:

Name	Co-op of which they are members	Contact info (email address)

How many hours do you plan to attend PATH? _____ Minimum is three of the five hours, but preference will be given to families who plan to stay five hours.
 THIS IS ONE OF THREE PAGES. **THE APPLICATION, STATEMENT OF FAITH AND COVENANT-NOT-TO-SUE MUST BE SIGNED AND RETURNED WITH YOUR \$65 REGISTRATION FEE.** PLEASE MAKE CHECKS PAYABLE TO PATH.
 RETURN FORMS TO: KRISTI HUCKABEE, 2318 SOUTHRIDGE, SACHSE, TX, 75048

I acknowledge the above as true and correct _____ (Signature and date)