COVENANT LIFE CHURCH
FAMILY SCHOOLS PROGRAM
APPLICATION FOR NEW FAMILIES 2025-26

Office Use Only
Pd amt?____
PAF: ___PCO: ____
Folder: ____
Interview: ____
Reviewer:
Notes:

This application is for the 2025-26 school year for families who are **not presently enrolled** in the Family Schools Program. This application does not guarantee final enrollment, but provides necessary information in determining enrollment. All the information on this application will be held in confidence by the Family Schools Program director and pastor. This form will not be forwarded to your child's next school.
Complete all sections of this application and return it to: **Family Schools Program, 7501 Muncaster Mill Road, Gaithersburg, MD 20877** or email it to lchinn@covlife.org. Upon receipt, the FSP director will contact you to schedule the new family interview.
The FSP Tuition tiers for the 2025-2026 school year are as follows based on the grade level of the **oldest** child enrolled (payment can be made via check or credit card upon your official acceptance into the program):

- K-5th grades Elementary Tier tuition is $200.
- 6-8th grades Middle School Tier tuition is $300.
- 9-12th grades High School Tier tuition is $375 for the first high school student and an additional $50 for each additional high school student in the family

NONDISCRIMINATION POLICY:
Family Schools Program does not discriminate on the basis of race, color, national or ethnic origin in the administration of its educational policies, admissions policies, or programs. Family Schools Program admits students of any race, color, national and ethnic origin to all programs and activities with the same rights and privileges as all students in the program.

PART 1: FAMILY RECORD

Please list the following information for the students you wish to enroll in the Family Schools Program.

Full Name (first/last): **Grade Entering:** **Sex:** **Age:** **Birthdate:**

1._____

2._____

3._____

4._____

5. _____

6. _____

List any other children living with the family who are NOT enrolling in FSP:

Name: **Age:** **Grade:** **School (if applicable):**

1._____

2._____

3._____

☐ I give permission to FSP to use photographs of my family in promotional pieces. No names will be associated with photographs used.

Primary Guardian: Name:_____Primary Phone #:_____

Address:_____ County:_____

Employer/Position:_____Relationship to Student(s): _____

Birthdate: _____Email Address:_____**(This email will be used as the primary contact)**

Secondary Guardian: Name:_____Primary Phone #:_____

Employer/Position:_____Relationship to Student(s): _____

Birthdate: _____Email Address:_____

☐ Check if you'd like secondary guardian to be included in email communications

Marital Status: Married Separated Divorced Single Parent

If divorced or separated, do you have sole legal custody of your children? _____

Additional Comments:_____

_____

_____

PART 2: CHURCH MEMBERSHIP

FSP requires that homeschooling families attend a local church and be members in good standing.

Name & Address of Church Currently Attending: _____

_____

How long have you been attending? _____

Pastor's Recommendation: We ask that your pastor give us a brief paragraph stating how long he has known your family and why he can recommend your family to participate in the Family Schools Program as your homeschool umbrella. Pastoral recommendations may also be mailed or emailed separately to lchinn@covlife.org.

Pastor's Name:_____Phone #:_____

Pastor's Recommendation:_____

_____

_____

_____

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_____

_____

Signed: _____

PART 3: PREVIOUS SCHOOLING

List any of your children's school experience prior to homeschooling (if always homeschooled, please indicate "always homeschooled"):

(1) Student Name:_____School Name:_____

Years/GradesAttended:_____ School Contact Info:_____

Reason for Leaving? _____

_____

(2) Student Name:_____School Name:_____

Years/GradesAttended:_____ School Contact Info:_____

Reason for Leaving? _____

_____

(3) Student Name:_____School Name:_____

Years/GradesAttended:_____ School Contact Info:_____

Reason for Leaving? _____

_____

(4) Student Name:_____School Name:_____

Years/GradesAttended:_____ School Contact Info:_____

Reason for Leaving? _____

_____

(5) Student Name:_____School Name:_____

Years/GradesAttended:_____ School Contact Info:_____

Reason for Leaving? _____

_____

(6) Student Name:_____School Name:_____

Years/GradesAttended:_____ School Contact Info:_____

Reason for Leaving? _____

_____

PART 4: ADDITIONAL STUDENT INFO

Please answer the following questions for the children you wish to enroll. If you answer **YES** to any question, use the "additional comments" space at the end to provide relevant information (including student's name).

Have any of your children who are applying for FSP enrollment…

- ❑ ever been dismissed from a school? YES ___ NO ___
- ❑ ever repeated a grade? YES ___ NO ___
- ❑ ever been tested for learning limitations? YES ___ NO ___

- ❑ ever been under prolonged medical treatment? YES ___ NO ___
- ❑ ever had any serious illnesses? YES ___ NO ___
- ❑ ever had any serious emotional difficulties? YES ___ NO ___
- ❑ ever been home schooled? YES ___ NO ___

❑ If yes, list any previous umbrellas or formal homeschool organizations you have been a part of: _____

_____

_____

_____

Additional Comments: _____

_____

_____

_____

_____

_____

_____

_____

_____

PART 5: HOMESCHOOLING GOALS

Are both parents in agreement that homeschooling is the best choice for this school year? YES ___ NO ___

If NO, please explain: _____

_____

_____

_____

Why do you want to homeschool your child(ren)?

What are your short-term and long-term goals for your children's education?

Why do you want to enroll with the Family Schools Program?

Some families join the Family Schools Program but do NOT review with FSP. **If you plan to be reviewed by your county or a different umbrella organization**, please write, "No Review" and indicate who will be responsible for reviewing your students below. Otherwise, leave blank and proceed to part 6.

PART 6: SIGNATURES AND PROGRAM AGREEMENT

In signing this form, I affirm that both parents have read and signed the FSP Program Agreement Form (PAF - below) and acknowledge that my agreement with the PAF is a pre-requisite for enrollment and re-enrollment in subsequent years. (If you are not able to sign this statement with a clear conscience, please explain below)

Signature: Father or Guardian	*Date Signed*
Signature: Mother or Guardian	*Date Signed*

Covenant Life Family Schools
Program Agreement Form

We, the undersigned parents of _____, have applied to the Covenant Life Family Schools Program (FSP), a bona fide church ministry of Covenant Life Church created under the provisions of the State of Maryland's COMAR 13A.10.01.05. By signing this document, we agree to the following:

1. *We have access to the Family Schools Program's current handbook and agree to abide by the policies set forth in the handbook;*

2. *We agree to diligently teach our children on a regular, thorough basis, understanding that we, the parents, are fully responsible for the education of our children;*

3. *We agree to maintain student work and to submit to recordkeeping and review procedures designed to verify our homeschool's operation, and we understand that we need to maintain minimum standards to be eligible for continuance in the Family Schools Program;*

4. *We will submit all required records and payments to Covenant Life Church Family Schools Program in a punctual and efficient manner;*

5. *We understand that if we transfer our child(ren) out of this ministry during the elementary and middle grades that no transfer/transcript will be made available, but reviewer records may be copied, and that most public and private schools will test students upon entry into their institution;*

6. *We understand that a high school transcript will be released upon request of the parents, but the acceptance of the credits is at the discretion of the receiving institution;*

7. *We understand that our child will not receive a diploma issued by the State of Maryland if he/she is homeschooled through graduation. Our child will receive a diploma issued by the Covenant Life Family Schools Program if he/she completes graduation requirements. Acceptance of this diploma is at the discretion of the receiving institution;*

8. *We acknowledge that FSP cannot provide legal counsel regarding homeschooling, and it is our responsibility to be informed of current laws regarding homeschooling pursuant to MD COMAR 13A.10.01.01-05;*

9. *We understand that at least one parent is expected to attend the scheduled meetings;*

10. *We profess the Lord Jesus Christ and acknowledge that we are active members of a local Christian church , under pastoral authority.*

Father's Signature _____ *Date* _____

*Mother's Signature*_____ *Date*_____