

# HSLDA MEMBERSHIP APPLICATION

Every question should be completely answered by parent or legal guardian using black or blue ink. Please do not staple correspondence to this application.

**1**  Mr.  Mrs.  Miss  Ms.  Other title \_\_\_\_\_  
 Name \_\_\_\_\_  
Last First Middle initial

Mr.  Mrs.  Miss  Ms.  Other title \_\_\_\_\_  
 Spouse \_\_\_\_\_  
Last First Middle initial

Address \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_  
 Zip code \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_  
 Email \_\_\_\_\_

**2** **A. Where did you hear about HSLDA?**  Print ad

Home School Heartbeat  Friend  
 A local support group  HSLDA E-let Service  
 Other \_\_\_\_\_

**B. From whom did you receive this application?**

Conference table  Curriculum supplier  
 HSLDA office  Friend  
 Conference materials bag  HSLDA website  
 Discount/support group  Other \_\_\_\_\_

**3** Was your family previously a member of HSLDA?  Yes  No If yes, when? \_\_\_\_\_

**4** Do you have school-age children (4–18 years old)?  Yes  No If no, skip to question 7.

**5** Please provide the names of both parents and anyone else who is providing instruction or supervision on a regular basis to your children.

	Years of education completed or degree acquired	What percentage of the teaching will this person be doing? <i>Column should total 100%.</i>	During what hours will this person be involved in teaching? <i>Example: 9 a.m.–5 p.m.</i>	If instructor works outside the home, please list work schedule (days and hours). <i>If you need more space, please explain below.</i>
Father <input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Mother <input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Other <input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

**6** Provide information on all children you are planning to teach at home. List additional children on separate sheet. (*Generally, we cannot protect your right to homeschool any children other than those in your own family. If any students are not part of your family, please explain.*)

Please list students age 4–18 who will be or are currently being homeschooled.  
*If child's last name is different from parents' last name, please provide.*

What is instructor's legal relationship to each child?  
 BP=Biological/Adoptive parent    NR=No legal relationship  
 SP=Stepparent    CC=Custodian of child (not court appointed)  
 LG=Legal guardian (court appointed)    GP=Grandparent

First	Last	Age	Father	Mother	Other	Date home-schooling first began (or will begin)		Is student enrolled in any public school program? <i>If yes, explain below.</i>		Is there any time during traditional school hours when this student will not be under adult supervision? <i>If yes, explain below for any child under 13.</i>	
						M	Y	Yes	No	Yes	No
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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Explanations for questions 5–6:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**7** Have you been investigated for or charged with child abuse, neglect, or any other related charge within the past five years?  
*If yes, please explain when the investigation occurred, if there was a finding of abuse or neglect, and if it has been fully resolved. Use a separate sheet if necessary. Include copies of any court documents and correspondence from social services.* Yes  No

**8** Has any legal action been threatened or brought against your children, homeschool, or anyone associated with it, or have you been contacted by any local school district official, social worker, or other government official concerning your children, your homeschool, or absence from public school?  
*If yes, please describe the threat, legal action, or contact (by whom and when). Include copies of correspondence, legal documents, etc.* Yes  No

Explanations for questions 7–8:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

<b>Office Use Only</b>	Account # _____	Payment type, date, and amount _____	Accepted by _____	Group # _____
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