

# KONOS ACADEMY

## APPLICATION FOR Konos *Plus* ⊕ Courses 2017-18

Fill out one per student please; make additional copies as needed.

Student's Name \_\_\_\_\_

Birth Date \_\_\_\_\_ Grade Level in 2017-18 \_\_\_\_\_ Male \_\_\_\_\_ Female \_\_\_\_\_

Parents' Names \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ Zip code \_\_\_\_\_

Phone: Home \_\_\_\_\_ Parent cell \_\_\_\_\_ E-mail \_\_\_\_\_

Father's occupation \_\_\_\_\_ Employer \_\_\_\_\_ Phone \_\_\_\_\_

Mother's occupation \_\_\_\_\_ Employer \_\_\_\_\_ Phone \_\_\_\_\_

Student E-mail \_\_\_\_\_ Cell \_\_\_\_\_

Home church: \_\_\_\_\_

Siblings and ages \_\_\_\_\_

\_\_\_\_\_

See the Konos *Plus* ⊕ Courses listing at [www.konos.org](http://www.konos.org).

List the course(s) you are interested in taking:

\_\_\_\_\_  \$50 registration fee enclosed

\_\_\_\_\_  \$50 registration fee enclosed

\_\_\_\_\_  \$50 registration fee enclosed

\_\_\_\_\_  \$50 registration fee enclosed

\_\_\_\_\_  \$50 registration fee enclosed

\_\_\_\_\_  \$50 registration fee enclosed

\_\_\_\_\_  \$50 registration fee enclosed

**The teacher of each course will notify you about time, place, prerequisites, and materials required. If a course is canceled for insufficient number of students, your registration fee will be refunded.**

- I give KONOS ACADEMY permission to provide emergency medical treatment.
- I give permission for (name) \_\_\_\_\_ to provide transportation/carpool.
- I give KONOS ACADEMY permission to use photos of my child.

Parent's Signature: \_\_\_\_\_ Date \_\_\_\_\_

Insurance Provider: \_\_\_\_\_ Policy Number: \_\_\_\_\_

**For both new and returning students, please fill out the 2<sup>nd</sup> page of this form.**

## ADDITIONAL QUESTIONS FOR ALL APPLICANTS

1. How many years has the child been in home school? \_\_\_\_\_  
Public school (where)? \_\_\_\_\_  
Private school (where)? \_\_\_\_\_  
Other hybrid school? \_\_\_\_\_

2. Please list previous high school courses in the following:

Spanish

Math

Science

3. What information would be helpful for us to know about your son/daughter?

Send application and fees to the following:

KONOS CONNECTION • P.O. Box 142099 • Fayetteville, GA 30214 • (770) 632-0771

For more information, visit [www.konos.org](http://www.konos.org) or email us at [info@konos.org](mailto:info@konos.org)