

**ELIZABETHTOWN AREA SCHOOL DISTRICT
Homeschool Request for Participation in District Programs**

SCHOOL YEAR _____

Student Name

Birthdate

Grade

Parent Name(s)

Phone Number

Email Address

Street

City

Zip Code

Student is (please circle one): Homeschooled Private Tutored

For the school year listed above, I would like to register for the following program(s) through the Elizabethtown Area School District.

Extra-Curricular

Coursework
(Be as specific as possible)

Return this registration form to the Registration Office. (600 E High St Elizabethtown PA 17022)
You will be contacted concerning availability of programming.

Parent Signature

Date

Student Signature

Date

For District Use

Date of receipt: _____

Signature of principal: _____ Date _____

Approved (circle one): YES NO