



Temple Christian Co-Op ENROLLMENT FORM

In-Office

Student Name _____
First Middle Last

Date of Birth _____ Age _____ Gender M / F

Street Address _____ Mailing Address _____

Street

City State Zip

Last school attended _____

Last grade completed _____

Temple Christian Co-Op will meet **three days a week from 10:00 AM to 2:00 PM.** Students will also have assignments to complete on their days off. Please note that your student will be considered a **"homeschool" student**, which means you are required to submit a letter of intent to the Superintendent of Big Horn County. Once your enrollment form is submitted, TCC will gladly submit this letter on your behalf. We are excited about what God has in store for this year and look forward to partnering with you in your child's education!

Parent/Guardian Name _____

Signature _____

Relationship _____

Email _____ Phone _____

WARRIORS FOR CHRIST

Finally, my brethren, be strong in the Lord, and in the power of his might. Put on the whole armour of God, that ye may be able to stand against the wiles of the devil.

Ephesians 6:10-11