

Last Name: _____

Date: _____

Wabash Classical Co-op Application

We are a Christ-centered community called to support local homeschooling families in training their children in the classical education method. Members strive to cultivate wisdom and virtue through studying what can be known about God and His creation throughout history. Our aim is to champion families, and to challenge young men and women to graduate with a thirst for what is true, good and beautiful. Together, we will release a generation ready to live under the authority of God as fully equipped kingdom builders excited to glorify God and enjoy Him forever.

PARENT SECTION

Parent Name: _____ Spouse: _____

Street Address: _____

City: _____ Zip: _____ Phone: (_____) _____

Email Address: _____

Number of children: _____ **(Please list names under STUDENT SECTION)**

How did you hear about Wabash Classical Co-op? _____

How long have you been homeschooling? _____ Years

Which of the following best describes your current homeschooling style?

- | | |
|--|---|
| <input type="checkbox"/> Traditional/Workbooks | <input type="checkbox"/> Eclectic _____ |
| <input type="checkbox"/> Unschooling | <input type="checkbox"/> Unit Studies |
| <input type="checkbox"/> Classical | <input type="checkbox"/> Other _____ |

Church you currently attend: _____

Members

List current ministries or classes you're involved in:

Attend regularly

Attend occasionally

Please share your testimony:

Please share your motivation and vision for homeschooling:

Please describe the area(s) in which you believe the Lord has gifted you and your spouse, as well as your talents and your educational background:

STUDENT SECTION

Student #1

Full Name: _____ Date of Birth: _____

Anticipated grade placement for next school year: _____

School last attended: _____ Grade: _____

Student #2

Full Name: _____ Date of Birth: _____

Anticipated grade placement for next school year: _____

School last attended: _____ Grade: _____

Student #3

Full Name: _____ Date of Birth: _____

Anticipated grade placement for next school year: _____

School last attended: _____ Grade: _____

Student #4

Full Name: _____ Date of Birth: _____

Anticipated grade placement for next school year: _____

School last attended: _____ Grade: _____

Student #5

Full Name: _____ Date of Birth: _____

Anticipated grade placement for next school year: _____

School last attended: _____ Grade: _____

Student #6

Full Name: _____ Date of Birth: _____

Anticipated grade placement for next school year: _____

School last attended: _____ Grade: _____

(Please fill out a separate paper or use the back of this sheet for additional students.)

Name, age, & birth date of siblings YOUNGER than school age:

_____	Age _____	Birth date _____
_____	Age _____	Birth date _____
_____	Age _____	Birth date _____

Please send completed application to:

Elizabeth Wilcox

253-682-9829

elizabethwilcox@gmail.com

NOTE TO APPLICANTS:

Wabash Church will conduct a background check on every parent who attends co-op day, since each family is required to teach throughout the year. Please fill out the accompanying background form for you and your spouse.

This application will be used to determine if we are able to meet the needs of your family. If no current openings are available, it will be held on file for one school year to be used in the event of a co-op opening.

Vision Statement:

We are a Christ-centered community called to support local homeschooling families in training their children in the classical education method. Members strive to cultivate wisdom and virtue through studying what can be known about God and His creation throughout history. Our aim is to champion families, and to challenge young men and women to graduate with a thirst for what is true, good and beautiful. Together, we will release a generation ready to live under the authority of God as fully equipped kingdom builders excited to glorify God and enjoy Him forever.

As a program of Wabash Church, (EPC) we fully subscribe to the “Essentials of the Faith” as put forth in the book of order of the Evangelical Presbyterian Church, as well as, to the Westminster Confession of Faith (hereafter WCF), allowing for freedom in exceptions so long as they do not infringe upon the system of doctrine in the WCF.

We acknowledge that we are under the authority of the Board of Elders (hereafter, the Session) of the church. To that end we will submit regular reports, as all programs do, via a liaison to the Session, keeping them apprised of the status of Co-op. We realize that just as with any program of the church, it is incumbent upon us to exercise flexibility in the use of the facilities realizing the multiplicity of groups in and out on a day to day basis. We endeavor to work seamlessly with the staff of Wabash Church in the fulfillment of our mutual vision of glorifying God and enjoying Him forever.

Wabash Church
Authorization to Release Information
Background Check

Last Name _____

First Name _____ Middle Name _____

Current Address _____

Date of Birth _____ Alias/Maiden Name _____

Sex: _____ Race: _____

Email address _____

Printed Name _____

Signature _____ Date _____

Background check performed by WSP (Washington State Patrol)

Requested by: (circle area of Ministry)

Wabash Church
Children's Ministry
18325 SE 384th St.
Auburn, WA 98092

Wabash Church
Youth Ministry
18325 SE 384th St.
Auburn, WA 98092