



# JOURNEY THROUGH JUSTICE 2019 HOMESCHOOL WEEK REGISTRATION CHECKLIST

PARENT'S NAME(S): \_\_\_\_\_

PARENT'S EMAIL ADDRESS: \_\_\_\_\_

PARENT'S CELL PHONE NUMBER: \_\_\_\_\_

HAVE YOU PREVIOUSLY ATTENDED A JOURNEY THROUGH JUSTICE? YES NO

IF YES, WHEN? \_\_\_\_\_ WITH WHAT GROUP(S)? \_\_\_\_\_

PREFERENCE OF DATE	<u>ELEMENTARY SCHOOL</u>	<u>MIDDLE SCHOOL</u>	<u>HIGH SCHOOL</u>
	jan. 2, 2019	jan. 3, 2019	jan. 2, 2019
		jan. 4, 2019	jan. 3, 2019
			jan. 4, 2019

## STUDENT 1

NAME: \_\_\_\_\_ GRADE LEVEL: \_\_\_\_\_ AGE: \_\_\_\_\_

HOMESCHOOL GROUP MEMBERSHIPS: \_\_\_\_\_

INTERESTED IN A SPEAKING PART? YES NO

## STUDENT 2

NAME: \_\_\_\_\_ GRADE LEVEL: \_\_\_\_\_ AGE: \_\_\_\_\_

HOMESCHOOL GROUP MEMBERSHIPS: \_\_\_\_\_

INTERESTED IN A SPEAKING PART? YES NO

## STUDENT 3

NAME: \_\_\_\_\_ GRADE LEVEL: \_\_\_\_\_ AGE: \_\_\_\_\_

HOMESCHOOL GROUP MEMBERSHIPS: \_\_\_\_\_

INTERESTED IN A SPEAKING PART? YES NO