

**2026-27**  
**FIF - FAMILY INFORMATION FORM**

Rosewood Academy and High School - Family Based Home Education Program  
(Fill out all information)

Parent/Guardian  
Name \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_

Zip \_\_\_\_\_ County \_\_\_\_\_ Hm Phone \_\_\_\_\_

Cell \_\_\_\_\_ Email \_\_\_\_\_

\_\_\_ Check here if your family has been homeschooling either in a different state or with a previous church school cover within the last year and does not need the Request for Records form sent to a public school.

**Student(s) Information**

Name	Age/ DOB	Grade
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\_\_\_\_\_

\_\_\_\_\_

**Please read thoroughly & Initial each line**

\_\_\_ I have read the guidelines and policies of RWA and understand and agree with them.

\_\_\_ I understand the enrollment donation is with RWA and there is no refund if we leave the school at any time nor are books included in the fee.

\_\_\_ I understand the requirements stated by RWA.

\_\_\_ I understand the RWA policy on student records and transcripts.

\_\_\_ I will keep RWA informed of new phone numbers or address changes.

\_\_\_ I understand that if a child moves in with another parent, enrollment does not transfer.

\_\_\_ I do not hold RWA, the administrator, staff members or volunteers liable for the education of my child, including purchasing of curriculum, grading or testing.

\_\_\_ I understand I am responsible for purchasing or obtaining all books or curriculum.

\_\_\_ I understand RWA is a Church School Cover and offers references, sources and links to state and regionally accredited curriculums.

\_\_\_ I understand RWA fully places all the responsibility of the education of my child on me, the parent/guardian. RWA is not responsible by law to ensure a/my child is learning.

\_\_\_ I understand RWA reserves the right to unenroll any student for reasons RWA deems necessary.

/ \_\_\_ / \_\_\_

**Parent/Guardian** I agree to all terms and conditions implied or stated by Rosewood Academy. Date

OFFICE USE: YR \_\_\_\_\_ PMT \_\_\_\_\_ CNT \_\_\_\_\_ EM \_\_\_\_\_ DR \_\_\_\_\_