



ENROLLMENT FORM

Official Student Enrollment Form

LINNA Indigenous School-Online
5928 Hixson Pike, Suite A, #345
Hixson, Tennessee 37343

Parents Name _____
Primary Caregivers Name _____

Street Address _____
Primary Number. _____

LINNA ID # _____
E-mail _____
Country _____
City, Zip Code _____
Secondary No. _____

KINDLY FILL IN THE SPACES PROVIDED AFTER READING THE STATEMENT.

I, the parent/caregiver of _____, am enrolling my child in grade _____, and authorize LINNA Indigenous School to enroll my child in this online course of study program and to use, reuse, copy, publish, distribute the necessary materials any educational institution inquiring about enrollment for the purpose of verification.

Signature over Printed Name:
Date Signed (mm/dd/yy):

LINNA INDIGENOUS SCHOOL & OFFICIAL REGISTRATION AGREEMENT

We, hereby, have the right to enroll students into our educational institution for the purpose of providing instructional materials which exceed and or meet the state curriculums. We may identify the student by name, program of study, and such other identifying information as class year, graduation date, hometown, etc for the purpose of verification to other official institutions.



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Child's Name _____
Child's LINNA ID # _____
Age _____
Birthday _____
Grade Completed _____

Child's Name _____
LINNA ID # _____
Age _____
Birthday _____
Grade Completed _____

Emergency Contact's Name _____
Emergency Contact is a Member of LINNA Yes___ No___
Emergency Contact 's Primary No. _____
Emergency Contact Email _____
Emergency Contact Relationship to you are child _____

LINNA INDIGENOUS SCHOOL & OFFICIAL REGISTRATION NOTES

Admitted into School _____ **Not Admitted** _____
Number of children enrolled in school _____
Additional Notes: