

# BASTROP INDEPENDENT CHRISTIAN CO-OP



APPLICATION  
for Returning Families

Dear Homeschool Family,

Please read the BICC Handbook **before** completing this application.

Thank you,  
BCHA-BICC Board

## BASTROP INDEPENDENT CHRISTIAN CO-OP

**FAMILY MEMBERSHIP APPLICATION**

**SCHOOL YEAR: 2025 - 2026**

• [Info@bcha.cc](mailto:Info@bcha.cc) •

### FAMILY INFORMATION (Parents homeschooling the children)

Last Name (in CAPS) \_\_\_\_\_ Husband \_\_\_\_\_ Wife \_\_\_\_\_

Home Address \_\_\_\_\_  
Street \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

His phone: \_\_\_\_\_ Her phone: \_\_\_\_\_

His email: \_\_\_\_\_ Her email: \_\_\_\_\_

Referred by \_\_\_\_\_ Fellowship / Church Affiliation \_\_\_\_\_

### CHILDREN INFORMATION (If needed, use the back of the sheet. List children that will attend BICC.)

FIRST NAME	SEX	GR. (in Sept)	BIRTH DATE	MEDICAL ISSUES	YEARS- HOMESCHOOL LED

### CHOOSING CO-OP

	Academics		Social Interaction
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Classes you'd like to see:

Talents, skills, or special interests you'd like to share:





## SIGNATURE AND LIABILITY PAGE

### I HAVE READ AND AGREE TO ABIDE BY THE FOLLOWING:

BICC Handbook	BICC Expectations
BICC Guidelines	BICC Operational Rules
BCHA Technology Use Policy	

BCHA-BICC MAY USE PHOTOGRAPHS AND/OR VIDEO OF ME AND/OR MY CHILDREN TAKEN DURING THE SCHOOL YEAR AT CO-OP OR ON FIELD TRIPS IN PUBLICATIONS, ONLINE, AND IN OTHER COMMUNICATIONS RELATED TO THE MISSION OF BCHA-BICC. STUDENT NAMES WILL ONLY BE ATTACHED TO INTERNAL PUBLICATIONS SUCH AS THE YEARBOOK AND THE MEMBERS-ONLY FACEBOOK PAGE.

I give my consent.	I do not give my consent.
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_____ Father	_____ Mother
_____ Student (Middle & High School)	_____ Student (Middle & High School)
_____ Student (Middle & High School)	_____ Student (Middle & High School)
_____ Student (Middle & High School)	_____ Student (Middle & High School)

### OFFICE USE

YEARLY MEMBERSHIP PAYMENT INFORMATION				
<b>Ck #</b>				
<b>Date</b>			<b>Board Member Receiving Application</b>	<b>Date</b>