



IRHSA Mentor Program Starter Family Application

Date: _____

Name: _____ Spouse: _____

Address: _____

Number of years home school/in Florida: ____/____

Phone: _____ Cell: _____

E-mail: _____

Church Home: _____

What are the names and ages of your children you home school?

Do any of your home schooled children have special needs and/or gifted or with special circumstances? Please explain.

What specific help to you want to receive from a home school coach?

Have you chosen a method of homeschooling for your family? (Traditional, Classical, Unschooling, Eclectic, etc.)

Please briefly describe your home school journey thus far.

Do you plan to become or are you currently a member of IRHSA?

Please list any community groups, activities, councils, sports, co-ops, churches you and your family are involved in.

Your Signature and Date

Print Name