



JOURNEY THROUGH JUSTICE 2025 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. 8, 2025	JAN. 9, 2025	JAN. 8, 2025
			JAN. 9, 2025

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