



*Hub 3:16 seeks to foster Christlike character as we walk alongside families to engage in a classically rooted education for grades 5-12. We focus on living books, critical thinking skills, and foundational principles of understanding His created world.*

## 2025-2026 Hub 3:16 Application

### Program Information

#### Open Application Policy

The open registration process will begin no later than February for the following school year, after families currently enrolled in the community have had an opportunity to re-register for the coming school year.

#### Payment Terms

Tuition payment is expected in full by the end of July 2025 unless a payment plan has been established with Hub 3:16 Administration. Upon signing the enrollment contract, families are contractually obligated to pay their full tuition by the end of July 2026 even if the student(s) un-enroll or are officially expelled.

#### Late Fees

A 5% late fee will be assessed by Hub 3:16 on the balance owed every month until payment is made. If you are concerned about paying on time, please contact Hub 3:16 Administration via email ([ihearhub316@gmail.com](mailto:ihearhub316@gmail.com)).

#### Refunds

Tuition and fees are non-refundable, but under particular circumstances a request may be submitted for consideration to [ihearhub316@gmail.com](mailto:ihearhub316@gmail.com)

## 2025-2026 Family Information

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

Primary Contact Phone: \_\_\_\_\_ Secondary Contact Phone: \_\_\_\_\_

Primary Contact Email: \_\_\_\_\_ Secondary Contact Email: \_\_\_\_\_

Home Address: \_\_\_\_\_

Emergency Contact Name: \_\_\_\_\_ Emergency Contact Phone: \_\_\_\_\_



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## 2025-2026 Student(s) Information

Student Name: \_\_\_\_\_ Birthdate: \_\_\_\_\_ Grade: \_\_\_\_\_ Sex: M/F

Physician: \_\_\_\_\_ Physician Phone: \_\_\_\_\_

Medical Insurance Information: \_\_\_\_\_

Special Medical, health, allergy, or dietary information: \_\_\_\_\_

Student Name: \_\_\_\_\_ Birthdate: \_\_\_\_\_ Grade: \_\_\_\_\_ Sex: M/F

Physician: \_\_\_\_\_ Physician Phone: \_\_\_\_\_

Medical Insurance Information: \_\_\_\_\_

Special Medical, health, allergy, or dietary information: \_\_\_\_\_

Student Name: \_\_\_\_\_ Birthdate: \_\_\_\_\_ Grade: \_\_\_\_\_ Sex: M/F

Physician: \_\_\_\_\_ Physician Phone: \_\_\_\_\_

Medical Insurance Information: \_\_\_\_\_

Special Medical, health, allergy, or dietary information: \_\_\_\_\_

Student Name: \_\_\_\_\_ Birthdate: \_\_\_\_\_ Grade: \_\_\_\_\_ Sex: M/F

Physician: \_\_\_\_\_ Physician Phone: \_\_\_\_\_

Medical Insurance Information: \_\_\_\_\_

Special Medical, health, allergy, or dietary information: \_\_\_\_\_

Student Name: \_\_\_\_\_ Birthdate: \_\_\_\_\_ Grade: \_\_\_\_\_ Sex: M/F

Physician: \_\_\_\_\_ Physician Phone: \_\_\_\_\_

Medical Insurance Information: \_\_\_\_\_

Special Medical, health, allergy, or dietary information: \_\_\_\_\_



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## 2025-2026 Risk Release Waiver

I (We), the parent(s) of \_\_\_\_\_, will assume full responsibility for any Accident/Medical Insurance needed to cover my (our) child in the case of accidental injury, or the like, while my (our) child is attending Hub 3:16 Microschool. I (We) will not hold Hub 3:16 Microschool and licensed or approved representatives responsible in any manner for injury.

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date

I(We) agree to pay the full year's tuition for my (our) Hub 3:16 Microschool programs whether my child finishes the program or not.

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date



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## 2025-2026 Release & Authorizations

I, the undersigned, hereby grant Education Transformed, Inc., its subsidiaries and affiliates, its officers, directors, employees, and its agents (Education Transformed), permission to use, adapt, modify, reproduce, distribute, publicly perform and display, in any form now known or later developed, my name, image, likeness, and/or voice (my “likeness”) throughout the world to incorporate or publish my likeness in publications, catalogs, brochures, books, magazines, exhibits, motion picture films, videotapes, internet and/or other media (the “works”), and any commercial, informational, educational, advertising, or promotional materials related thereto.

I release and agree to indemnify, defend, and hold harmless Education Transformed, its agents, and assigns (the “released entities”) from any and all claims I may have now or in the future for invasion of privacy, rights of publicity, copyright infringement, defamation, or any other cause of action arising out of the use, reproduction, adaptation, distribution, broadcast, publication, performance, or display in my likeness.

I waive and forego any right to inspect or approve any works that may be created using my likeness and waive any claim with respect to eventual use to which my likeness may be applied. My likeness may be used at Education Transformed’s sole discretion alone or in conjunction with any other material of any kind of nature.

I am of full legal age, and I have read this Release & Authorization and understood its contents. By the signature(s) throughout and below, a minor child’s parent(s) or legal guardian(s) indicate, on behalf of their minor child, their full and unqualified consent to the terms of this Release & Authorization.

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date