



ZION ACADEMY OF AMERICA

7907 212th St. SW, Ste 104
Edmonds, WA 98026

Ph: 425.640.3311
Email: office@zionacademy.com

Dear Parent:

As a home educator for your child, we understand that you have made a tremendous accomplishment during that time which has gone unnoticed. Zion Academy would like to acknowledge that effort and create official documentation and records for that effort.

For each class that was assigned and completed and would like Zion Academy of America to validate, you will need to complete the 'Request for Validation of Homeschool Course' form provided.

There is a \$125.00 fee for each course to be validated by our academic counselors. Zion Academy will take the information you provide and after evaluation will determine the correct amount of credit to be earned.

This course will be added to your child's permanent records **after** the first completed year with Zion Academy.

Please note: If you withdraw from Zion Academy before your first full year of assignments have been completed, your homeschool course will not be included on the student records. Zion Academy will only validate the requested course **after** a full year of enrollment.

Payment is required at the time of the request.

The Staff of ZION ACADEMY OF AMERICA

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REQUEST FOR VALIDATION OF HOMESCHOOL COURSE

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Please complete the form below for each course to be validated.

Student Name: _____

Grade Level: _____ DOB: _____ Age: _____

Course Classification: _____
(Ex: Math, Engl, Soc St, Sci, Elective, etc)

Course Name: _____
(Ex: Basic, Alg I, W. Hist, Biol, Health, etc)

Curriculum Used: _____
(Ex: Alpha Omega, ABeka, Bob Jones, etc)

Instructor/Teacher: _____

Type of Course:

- DVD
- CD/Rom
- Text Books
- Workbooks
- Unit Study
- Virtual
- Other: _____

Time Periods of Course:

_____ Hours per Day
_____ Days per Week
_____ Weeks per Year

Test Grades:

1: _____%	7: _____%
2: _____%	8: _____%
3: _____%	9: _____%
4: _____%	10: _____%
5: _____%	11: _____%
6: _____%	12: _____%

Please attach copies of all tests issued.

Issued: from _____ / _____ (mm/yy)
to _____ / _____ (mm/yy)

Other Comments: _____ Final Exam Grade: _____ %

Name of person requesting validation

Relationship to student

Signature

Date submitted

Your money order for \$125 must be submitted with this form to initiate the validation.