

South Carolina Association of Independent Home Schools  
**PROPOSED COURSE OF STUDY**

**Track III High School**

School Year: \_\_\_\_\_ - \_\_\_\_\_  
 Renewing Member # \_\_\_\_\_

FULL NAME OF STUDENT \_\_\_\_\_ GRADE \_\_\_\_\_

PRIMARY INSTRUCTOR'S SIGNATURE \_\_\_\_\_ DATE: \_\_\_\_\_

MAILING ADDRESS \_\_\_\_\_ PHONE # \_\_\_\_\_

E-MAIL ADDRESS \_\_\_\_\_

Is this student enrolled in a full-correspondence program?  Yes  No  
 If YES, please give its name: \_\_\_\_\_ Student ID # \_\_\_\_\_

**PLEASE LIST THE BOOKS/RESOURCES THAT YOU PLAN TO USE:**

	TITLES OF BOOKS/RESOURCES	GRADE LEVEL	PUBLISHERS
<b>ENGLISH:</b>			
(check one) <input type="checkbox"/> I <input type="checkbox"/> II <input type="checkbox"/> III <input type="checkbox"/> IV			
Grammar	_____	_____	_____
Vocab/Spelling	_____	_____	_____
Composition	_____	_____	_____
Literature (check one) <input type="checkbox"/> General <input type="checkbox"/> World <input type="checkbox"/> American <input type="checkbox"/> English	_____	_____	_____
_____	_____	_____	_____
<b>MATHEMATICS:</b>	_____	_____	_____
<b>SCIENCE:</b>	_____	_____	_____
(History/Geography)	_____	_____	_____
<b>SOCIAL STUDIES:</b>	_____	_____	_____
_____	_____	_____	_____
<b>FOREIGN LANGUAGE:</b>	_____	_____	_____
<b>CAREER EDUCATION:</b>	_____	_____	_____
<b>PHYSICAL EDUCATION:</b>	_____	_____	_____
<b>ELECTIVES:</b>	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

A signed SCAIHS <i>Statement of Intent</i> form must be submitted upon entrance in the SCAIHS High School Program. Students enrolled in Track III sign the SCAIHS Non-Diploma Track portion of that form.	The above curriculum: <input type="checkbox"/> is in hand. <input type="checkbox"/> has been ordered. <input type="checkbox"/> will be ordered by _____ (date).
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FOR OFFICE USE ONLY:

Aux \_\_\_\_\_ SN \_\_\_\_\_ Ren \_\_\_\_\_ New \_\_\_\_\_ App \_\_\_\_\_ Dis \_\_\_\_\_ In \_\_\_\_\_ Date \_\_\_\_\_