



SOUTH CAROLINA ASSOCIATION OF INDEPENDENT HOME SCHOOLS

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*Passing the torch to the next generation
Matthew 5:14-16*

2010-2011 School Year

Dear Prospective Auxiliary Member:

Thank you for your interest in the South Carolina Association of Independent Home Schools (SCAIHS). SCAIHS began in 1990 with two employees and 120 pioneering families who were seeking a positive solution to growing legal problems facing home-schooling parents. Today SCAIHS is the only home-schooling organization in the nation that is specifically named and authorized by state law to serve as an approval agency for home-schooling programs, and it is the oldest and one of the largest accountability organizations in the state for home-schooling families. During the 2009-2010 school year, SCAIHS served 920 families, representing an enrollment of over 1400 students.

Since 1990, we have grown from a staff of two to a staff of thirteen, who together have over 100 years of home-schooling experience. We have organized our staff into the following programs to correspond with the different areas of help and support that home-schooling families need: Elementary Education, Special Needs, and Middle School/High School.

Let me briefly highlight some of the benefits SCAIHS has to offer: (Those with an asterisk are not included in the Auxiliary Membership.)

- Services of an experienced, trained staff available Monday through Thursday from 9:30-5:00.
- *Curriculum and educational counseling;
- *Permanent records and official transcripts for each student;
- *Diplomas readily accepted by colleges, universities, employers, and internship programs;
- Workshops and seminars designed to aid you in teaching and training your children;
- The SCAIHS Advantage, our timely E-mail Updates; and
- The Home School Bookstore where SCAIHS members receive a 15% discount on most items.

In addition, we monitor legislation in the South Carolina General Assembly as well as legislation at the federal level in order to help protect your home-schooling rights.

We are pleased that you are planning to home school, and we look forward to the privilege of supporting and serving you. May God bless you richly as you endeavor to provide the very best for your children.

Sincerely,

Kathleen W. Carper
President

Please note: The SCAIHS Auxiliary Membership is a limited-services membership. You will receive the e-mail updates and may attend teacher enrichment seminars, but curriculum counseling and educational counseling are reserved for full-members. Also, your full-correspondence school program, not SCAIHS, will provide any transcripts and diplomas. [If you decide to begin home schooling during the academic year and your child is enrolled in a public or private school, we strongly recommend that you not remove your child from the school until you have applied and been approved to home school.]

Board of Directors: James C. Carper, Ph.D., Professor, Department of Educational Studies, University of South Carolina—W. Mark Posey, Ph.D., Associate Professor of Clinical Pediatrics, University of South Carolina School of Medicine—Raymond L. Sheen, President, Product & Process Innovations, Inc.—Joseph E. Tyler, Computer Consultant, T. M. Floyd Company—Zan Peters Tyler, Author, Speaker and Home School Editor for Lifeway.com—William C. Wood, Jr., Attorney, Nelson, Mullins, Riley & Scarborough, Attorneys and Counselors at Law

South Carolina Association of Independent Home Schools

Auxiliary Membership 2010-2011 Application

We do not discriminate on the basis of Race, Religion, National or Ethnic Origin, Gender, or Disability.

PARENTS OR LEGAL GUARDIANS

(Legal Guardians—Please send a copy of court appointed guardianship.)

Please provide the names of the parent(s), step-parent, or legal guardian(s) living in the home:

Former member of SCAIHS? Yes No

MR/MRS/MS/DR/REV _____
 LAST NAME FIRST NAME MI

MR/MRS/MS/DR/REV _____
 LAST NAME FIRST NAME MI

MAILING ADDRESS _____
 CITY STATE ZIP

RESIDENCE (If different from above) _____
 CITY STATE ZIP

HOME # (____) _____
 WORK# [HIS] (____) _____
 [HERS] (____) _____
 CELL# [HIS] (____) _____
 [HERS] (____) _____
 FAX # (____) _____
 E-MAIL _____

NAME OF YOUR HOME SCHOOL _____

(Every home school in SCAIHS is considered an independent school and needs a name. The name you choose for your school becomes a part of your student's permanent record. Your school name will appear on such documents as transcripts, scholarship applications, and requests for financial aid.)

PUBLIC SCHOOL DISTRICT IN WHICH YOUR HOME SCHOOL IS LOCATED: _____

PRIMARY INSTRUCTOR _____ (SC law requires that the primary instructor be a parent or legal guardian and possess a minimum of a high school diploma or GED.)

Is either parent deceased? <input type="checkbox"/> Yes <input type="checkbox"/> No Are any of the children being home schooled from a marriage where the parents are separated or that ended in a divorce? <input type="checkbox"/> Yes** <input type="checkbox"/> No If YES, are the children held in <input type="checkbox"/> your sole legal custody? <input type="checkbox"/> joint legal custody? If child(ren) are held in joint legal custody, this application must be accompanied by a letter from the parent who is not the primary instructor granting his/her consent for the child(ren) to be home schooled. If this is impossible to obtain, please explain your circumstances on a separate sheet of paper. **Please provide the full name of the separated/divorced spouse: _____ _____ _____	FAMILY INFORMATION LIST ALL CHILDREN UNDER 18 YEARS OF AGE--EVEN THOSE NOT BEING HOME SCHOOLED. Please check where each child is to be enrolled during the 2010-2011 school year.								
	NAME	SEX	RACE	BIRTH DATE	GRADE LEVEL	TYPE OF SCHOOL			
HOME SCAIHS						OTHER	PRIVATE	PUBLIC	

*For RACE, please use the following abbreviations: A=Asian, AA=African American, C=Caucasian, H=Hispanic, NA=Native American Indian, O=Other, please specify _____

Did you home school last year? <input type="checkbox"/> Yes <input type="checkbox"/> No Are you currently home schooling? <input type="checkbox"/> Yes <input type="checkbox"/> No Have you just moved from out-of-state? <input type="checkbox"/> Yes <input type="checkbox"/> No	Please state your reason(s) for home schooling. _____ _____ How did you hear about SCAIHS? Please check all that apply. <input type="checkbox"/> SCAIHS Member <input type="checkbox"/> Family/Friend <input type="checkbox"/> SCAIHS Office/Sign <input type="checkbox"/> Internet <input type="checkbox"/> Support Group <input type="checkbox"/> Home School Bookstore <input type="checkbox"/> HSLDA <input type="checkbox"/> SCHEA Convention <input type="checkbox"/> CHEC Convention <input type="checkbox"/> Library <input type="checkbox"/> Phone Book <input type="checkbox"/> Newspaper <input type="checkbox"/> School District <input type="checkbox"/> State Dept. of Ed. <input type="checkbox"/> Radio <input type="checkbox"/> Getting Started Home Schooling Workshop <input type="checkbox"/> Other
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OFFICE USE ONLY:

DATE REC'D _____	Dis _____	INIT _____	<input type="checkbox"/> PAPER <input type="checkbox"/> ONLINE <input type="checkbox"/> SF _____
Pd _____	APPR _____	DATE ACC SENT _____	
<input type="checkbox"/> TRANSCRIPT	<input type="checkbox"/> MS/HS ACH. SCORES	<input type="checkbox"/> RECORDS REQUESTED	<input type="checkbox"/> Handbook
			SD <input type="checkbox"/>

Indicate the highest degree earned by each parent.** If no degree was earned, just record the number of the grade level for the highest grade completed—example, 10 for tenth grade. Use the following letters to record the HIGHEST DEGREE EARNED in the chart below:

- A=GED
- B=High School Diploma
- C=Business or Post High School Vocational Certificate
- D=Associate’s Degree
- E=Bachelor’s Degree
- F=Master’s Degree
- G=Doctorate

If someone **other** than the parent(s) is significantly involved in the teaching process, provide the following information:

(Please note: the parent/guardian must provide at least 51% of the instruction)

Name: _____

Relationship to the child(ren): _____

Role in teaching: _____

	HIGHEST DEGREE EARNED	NAME OF INSTITUTION FROM WHICH DEGREE WAS EARNED* OR LOCATION OF GED EXAM	*CORRESPONDENCE SCHOOL?		CITY & STATE WHERE ISSUED	DATE ISSUED	MAJOR FIELD OF STUDY FOR DEGREES C, D, E, F, OR G
			YES	NO			
MOTHER							
FATHER							
OTHER							

****The teaching parent must possess at least a high school degree or a GED. This applies to “Other” as well.**

EMPLOYMENT SCHEDULE: Please provide information about place, hours, and days of employment in the spaces below. (This includes the self-employed in his/her own home.) If the primary instructor plans to work in addition to home schooling, please explain, on a separate sheet of paper, his/her work and teaching schedule. Also include information about arrangements for the care of the student(s) during the primary instructor’s absence if working hours overlap “traditional” school hours, as all students must have adult supervision during this time.

	PLACE OF EMPLOYMENT (place check mark in space)			WORK SCHEDULE (example: 9 am - 5 pm)						
	NOT EMPLOYED	EMPLOYED IN HOME	EMPLOYED OUT OF HOME	SUN	M	T	W	TH	F	SA
MOTHER										
FATHER										
OTHER										

HUSBAND’S VOCATION _____

WIFE’S VOCATION/WORK SKILLS _____

LEGISLATIVE INFORMATION

The home schooling community often becomes involved in legislative issues to protect the right to home school. SCAIHS’ ability to connect constituents with their legislators makes our efforts more successful. Therefore, please fill in the following blanks with the correct district numbers: *(Each of the district numbers is a different number. To obtain this information, call the voter registration office in your county or go to www.scstatehouse.net; click Citizens’ Interests; click Find Your Legislator by ZipCode; then enter your 9-digit ZIP code.)*

_____ The District Number for your **U. S. Congressman** in the U. S. House of Representatives

_____ The District Number for your **State Senator** in the South Carolina Senate

_____ The District Number for your **State Representative** in the South Carolina House of Representatives

Have you been contacted by any official regarding your home school? This would include school district personnel, truant officers, Department of Social Services workers, or any other official who contacted you for information concerning your children’s education? Yes No

If YES, please describe the encounter: who contacted you, the nature of the contact (i.e., phone call, letter, personal visit), and the approximate date. Attach an explanation and copies of any correspondence received from these officials.

Have you ever been investigated for or charged with child abuse or neglect, educational neglect, or any other related charge? Yes No

If YES, please explain on a separate sheet of paper and attach it to this application.

Has any child that you plan to home school for the 2010-2011 school year been suspended or expelled from school? Yes No

If YES, please give details concerning: 1) reasons for the expulsion/suspension; 2) when this occurred; and 3) what school the child was attending at the time. Please put this information on a separate sheet of paper and attach it to this application.

Are you a member of Home School Legal Defense Association? Yes, Membership # _____ Have applied/date _____ No

The SCAIHS Board highly recommends membership in HSLDA. For an application, go to www.HSLDA.org or call (540)338-5600.

The SCAIHS group discount number is **290033** and the annual group rate is \$95.

Auxiliary Annual Financial Agreement 2010-11 School Year, 6/1/10-5/31/11

The annual membership fee is a set fee for the academic year.
 The fee is the same whether membership is for the full year or a portion of the year.

BASIC ANNUAL MEMBERSHIP FEE	\$ 100
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ADDITIONAL SENIOR FEE (If applicable) \$50 Senior Fee for each 12th grader wishing to participate in the graduation ceremony (# of seniors _____ x \$50).....	+
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LATE FEE (If applicable) Add \$25 if complete application is postmarked after August 1 , but before September 1 Add \$50 if complete application is postmarked after September 1*	+
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**If you just moved from out-of-state, the late fee will be waived.*

State: _____ Date of move: ___/___/___

TOTAL ANNUAL MEMBERSHIP FEE (Add all above fees together)	\$
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THIS TOTAL ANNUAL MEMBERSHIP FEE
 IS TO BE SENT WITH THE APPLICATION.

Method of Payment:

Check Money Order Visa or MasterCard— Amount to be charged: \$ _____
 Card # _____ Exp. Date ___/___ CVC Code ___ Billing zip code: _____
 Name as it appears on card _____

Please read the statements below before signing this Financial Agreement.

Should I withdraw my application or should my application be denied due to my failure to complete it by the given deadline, my Senior Fee, if applicable, will be refunded. I understand that the \$100 Membership Fee and any Late Fees are nonrefundable.

Before a withdrawal can be processed, a written withdrawal request must be received by the SCAIHS office.

Should SCAIHS be unable to approve my application, a \$50 Processing Fee will be retained along with any Late Fees. The balance will be refunded.

I have read and agree to the Financial Agreement as specified above.

Signature _____ **Date** _____

(A signature is required of the person who is financially responsible.)

Statement of Commitment

As Auxiliary Members of the South Carolina Association of Independent Home Schools, we agree that the foundation of home schooling is built , in part, on the traditional family, established by a marriage between one man and one woman. We understand and agree that we are the persons ultimately responsible for the education of our children and that services available to us will be limited. Auxiliary Membership in SCAIHS will provide us with legal status, a membership card, newsletters, email updates, and access to the resource room and SCAIHS functions. We understand that the correspondence school must provide educational counseling, curriculum counseling, accountability, permanent record keeping, transcripts, and diplomas. In keeping with this, we agree to meet the following requirements for the full duration of our membership in the Association:

1. Exercise diligence in teaching our child(ren) in a responsible manner.
2. Teach the basic instructional areas of reading, writing, mathematics, science, and social studies and, in grades seven through twelve, composition and literature.
3. Follow the course of study required by the correspondence school.
4. Submit curriculum information to the SCAIHS staff using the Proposed Course of Study Form.
5. Teach (and document) a minimum of 180 days per school year to end by May 31.
6. Read the *SCAIHS Member Handbook*.
7. Have students in grades 3-11 tested and pay any fees associated with testing. If the correspondence school requires a recognized nationally-normed standardized achievement test, we will use its test. If this type of testing is not required by the correspondence school, we will obtain one of the tests approved by SCAIHS and have our student(s) tested.
8. Submit the following to the SCAIHS staff by June 30:
 - a. A photocopy of the correspondence school year-end report card for each student,
 - b. An Auxiliary Member Attendance Record (provided by SCAIHS) for each student,
 - c. A photocopy of achievement test scores for students in grades 3-12.
9. Keep a copy of the primary instructor’s high school diploma or transcript or its equivalent (GED) or keep a copy of the highest degree earned beyond high school. (The primary instructor **MUST** have at least a high school diploma or a GED.)
10. Have each student supervised by an adult during traditional school hours.
11. Acknowledge the following: Section 20-7-100 of the Code of Laws of South Carolina states in pertinent part: “Each parent, whether the custodial or noncustodial parent of the child, has equal access and the same right to obtain all educational records... of their minor children... unless prohibited by order of the court.” I/we acknowledge these rights of parents under South Carolina law and consent to the release of all educational records in SCAIHS’ possession to a parent who requests them, unless a court order prohibits such release.

We understand that failure to fulfill any one of these responsibilities may result in probationary status for our home school or dismissal from the Association. If dismissed, we understand that no fees will be refunded. (*Signatures required—please check the box that applies*)

<input type="checkbox"/> Father	<input type="checkbox"/> Step Father	<input type="checkbox"/> Legal Guardian	Date
<input type="checkbox"/> Mother	<input type="checkbox"/> Step Mother	<input type="checkbox"/> Legal Guardian	Date

CHECKLIST OF NEEDED ITEMS TO COMPLETE THIS APPLICATION:

- Payment (Please see the Financial Agreement Form on the back of this page to determine the correct amount.)
- Student Enrollment Form for each student—age 5 and up
- Proposed Course of Study Form for each student of compulsory attendance age—6 and up
- Separate pages of explanations, **if applicable** (joint custody letter, copy of court appointed guardianship, work/teaching schedule, contact by officials regarding your home school, abuse or neglect charges, and/or suspension or expulsion details)

APPLICATIONS CANNOT BE PROCESSED UNTIL ALL QUESTIONS ON THE APPLICATION ARE ANSWERED AND ALL ITEMS ON THE CHECKLIST ARE IN HAND. If information and/or items needed to complete an application are received after August 1 but before September 1, a \$25 late fee will be incurred. If received after September 1, a \$50 late fee will also be incurred.

QUESTIONS?
 Phone: 803-454-0427
 Fax: 803-454-0428
 e-mail: SCAIHS@scaih.org

SCAIHS RESERVES THE RIGHT TO REFUSE ANY APPLICATION FOR MEMBERSHIP.