



SOUTH CAROLINA ASSOCIATION OF INDEPENDENT HOME SCHOOLS

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

March 2010

Dear Auxiliary SCAIHS Member:

Enclosed are the 2010-2011 renewal auxiliary application and accompanying forms. By returning the completed application (including all checklist items on page four of the application) by July 7, 2010, you will receive a \$10 discount. To qualify for this discount, please keep in mind that all records for the 2009-10 school year must be complete and all payments up-to-date.

It has been a privilege to serve you during the 2009-2010 school year and we hope that you will allow us to partner with you once again for the coming year. Thank you for the opportunity to serve you.

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, and receive a 15% discount on most items in Home School Bookstore, 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.

South Carolina Association of Independent Home Schools

Renewal Auxiliary 2010-2011 Application

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

Membership # _____

Name of Your Home School _____

(Please note: If you change your school name, there is a \$10 charge.)

PARENTS OR LEGAL GUARDIANS

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

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

HOME # (____) _____

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

WORK # [HIS](____) _____

[HERS](____) _____

MAILING ADDRESS _____

CELL # [HIS](____) _____

[HERS](____) _____

CITY STATE ZIP

FAX # (____) _____

RESIDENCE _____
 (If different from above)

CITY STATE ZIP

E-MAIL _____

Has your marital status changed since last year? No Yes—divorced* remarried spouse deceased

*If divorced, are the children held in—your sole legal custody? joint legal custody?

If children are held in *joint legal custody*, a letter from the parent who is not the primary instructor or his/her signature on the Statement of Commitment (p.4) granting consent for the child(ren) to be home schooled is required.

Primary Instructor _____

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

<p>Mail complete application by July 7th to receive a \$10 discount. (See checklist on page 4.)</p> <p><i>Also required to receive the early renewal discount are all payments and completed records for the 2009-2010 academic year. These records include copies of the correspondence school report card(s), the SCAIHS Auxiliary Member Attendance Report(s) and achievement test scores for students in grades 3-11.</i></p>	<h3 style="margin: 0;">FAMILY INFORMATION</h3> <p style="margin: 0;">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.</p>																																																																												
	<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th rowspan="2">NAME</th> <th rowspan="2">SEX</th> <th rowspan="2">RACE</th> <th rowspan="2">BIRTH DATE</th> <th rowspan="2">GRADE LEVEL</th> <th colspan="4">TYPE OF SCHOOL</th> </tr> <tr> <th>HOME SCAIHS</th> <th>OTHER</th> <th>PRIVATE</th> <th>PUBLIC</th> </tr> </thead> <tbody> <tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr> </tbody> </table>	NAME	SEX	RACE	BIRTH DATE	GRADE LEVEL	TYPE OF SCHOOL				HOME SCAIHS	OTHER	PRIVATE	PUBLIC																																																															
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◆For RACE, please use the following abbreviations: A=Asian, AA=African American
 C=Caucasian, H=Hispanic
 NA=Native American Indian
 O=Other, please specify _____

OFFICE USE ONLY:

DATE REC'D _____	Dis _____	INIT _____	HS TRACK III _____	RC _____	<input type="checkbox"/> PAPER
Pd _____	CK/AUTH.# _____	APPR _____	DATE ACC SENT _____	Ach _____	<input type="checkbox"/> ONLINE
				Att Rec _____	<input type="checkbox"/> SF _____

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**										

(If the employment status or schedule of the primary instructor changes during the school year, please send a written explanation to SCAIHS.)

**If someone other than a parent or guardian is significantly involved in the teaching process, provide the following information: *(Please note that the parent/guardian must provide at least 51% of the instruction.)*

Name: _____

Relationship to the child(ren): _____

Highest degree earned: _____
(must possess at least a high school degree or GED)

Role in teaching: _____

COMPLETE THE FOLLOWING SECTION

ONLY COMPLETE THE FOLLOWING SECTION IF YOUR ADDRESS CHANGED IN THE LAST YEAR.

During the past year, have you been investigated for or charged with child abuse or neglect or any other related charges? Yes No

If YES, please explain the investigation or charge in this box.

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

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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EARLY RENEWAL DISCOUNT (If applicable) Deduct \$10 if application (in its entirety) is postmarked by July 7 and previous year's records are complete	-
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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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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 my application by the given deadline, my Senior Fee, if applicable, will be refunded. I understand that the \$100 Membership Fee and any Late Fee 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, 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. 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.
7. 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 3-11.
8. 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.)
9. Have each student supervised by an adult during traditional school hours.
10. 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 box that applies)

Father
 Step Father
 Legal Guardian
 _____ Date

Mother
 Step Mother
 Legal Guardian
 _____ Date

CHECKLIST OF NEEDED ITEMS TO COMPLETE THIS APPLICATION:

- Payment (To determine the amount, see the [Financial Agreement Form](#) on page 3.)
- 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, work/teaching schedule)

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, the \$25 late fee will be incurred. If received after September 1, the \$50 late fee will be incurred.

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

SCAIHS RESERVES THE RIGHT TO REFUSE ANY APPLICATION FOR MEMBERSHIP.