



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 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:

- 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;
- Class rank and guidance counselor services for scholarship applications and college applications;
- Formal graduation ceremony;
- 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 Email Updates;
- SCAIHS State Association discount with GPA SmartStore for online shopping; 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

Receipt of your application will be acknowledged with an email or postcard. Applications are processed in the order received. By midsummer, our turn around time for processing applications is often six weeks. Since students should be enrolled within ten days after the start of school in your district to avoid possible truancy charges, submitting an application early in the summer is recommended.

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, Acquisitions Editor and Speaker for Apologia Educational Ministries —William C. Wood, Jr., Attorney, Nelson, Mullins, Riley & Scarborough, Attorneys and Counselors at Law

Date Mailed _____

South Carolina Association of Independent Home Schools

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), stepparent, or legal guardian(s) **living in the home:**

FORMER MEMBER OF
SCAIHS? YES NO
MBR. # _____

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.)

Please choose one of the following—either paper reporting or online reporting:

- We will submit **paper reports** to SCAIHS by mail. (SCAIHS will supply the necessary forms.)
- We will use **SCAIHS online reporting** to submit reports via the internet.

<p>Are any of the children being home schooled from a marriage that ended in a divorce? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If YES, are the children held in</p> <p><input type="checkbox"/> your sole legal custody?</p> <p><input type="checkbox"/> joint legal custody?</p> <p>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.</p> <p>Is either parent deceased? <input type="checkbox"/> Yes <input type="checkbox"/> No</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.</p> <p style="margin: 0;">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; text-align: center;"> <thead> <tr> <th rowspan="3">NAME</th> <th rowspan="3">SEX</th> <th rowspan="3">*RACE</th> <th rowspan="3">BIRTH DATE</th> <th rowspan="3">GRADE LEVEL</th> <th colspan="4">TYPE OF SCHOOL</th> </tr> <tr> <th colspan="2">HOME</th> <th rowspan="2">PRIVATE</th> <th rowspan="2">PUBLIC</th> </tr> <tr> <th>SCAIHS</th> <th>OTHER</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		PRIVATE	PUBLIC	SCAIHS	OTHER																																																															
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Did you home school last year?
 Yes No

Are you currently home schooling?
 Yes No

Have you just moved from out-of-state?
 Yes No

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

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"/> SCHEA Convention	<input type="checkbox"/> HSLDA
<input type="checkbox"/> CHEC Convention	<input type="checkbox"/> Library <input type="checkbox"/> Radio	<input type="checkbox"/> Phone Book	<input type="checkbox"/> Newspaper
<input type="checkbox"/> School District	<input type="checkbox"/> State Dept. of Ed.	<input type="checkbox"/> Getting Started Home Schooling Workshop	

<p style="text-align: center;">OFFICE USE ONLY:</p> <p><input type="checkbox"/> Handbook <input type="checkbox"/> MBR. <input type="checkbox"/> HS <input type="checkbox"/> NEWSLETTER</p> <p>DATE REC'D _____ Dis _____ INIT _____</p> <p>Pd _____ AUTH/Ck# _____ APPR _____ DATE ACC SENT _____</p> <p><input type="checkbox"/> TRANSCRIPT <input type="checkbox"/> MS/HS ACH. SCORES <input type="checkbox"/> SN DIAGNOSIS <input type="checkbox"/> RECORDS REQUESTED _____</p>	<p style="text-align: right;">SD <input type="checkbox"/></p> <p>HS Track: <input type="checkbox"/> Full <input type="checkbox"/> PP <input type="checkbox"/> Recur</p> <p>I, II <input type="checkbox"/> Deposit</p> <p>III, IV <input type="checkbox"/> L Fee #1</p> <p><input type="checkbox"/> SF _____ <input type="checkbox"/> L Fee #2</p> <p><input type="checkbox"/> PAPER <input type="checkbox"/> HS Fee _____</p> <p><input type="checkbox"/> ONLINE <input type="checkbox"/> Per Course _____</p> <p><input type="checkbox"/> SN Fee _____</p>
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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										

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

HUSBAND’S VOCATION/WORK SKILLS _____

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 online 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 the explanation and copies of any correspondence received from these officials to this application.

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.

SCAIHS Annual Financial Agreement—2010-2011 School Year (6/1/10-5/31/11) 3

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.

- Step 1—Figure your Fees using the boxes below.
 Step 2—Choose Type of Payment using the information in the right column.
 Step 3—Choose a Method of Payment
 Step 4—Read the Financial Agreement at the bottom of this page then sign and date it.

① Basic Annual Membership Fee

This fee is based on the number of students, ages 6 (on or before September 1) and older, in your home school. Please check the one box below which corresponds with the number of students in your home school then record that fee below next to **A**.

- 1 student = \$328
 2 students = \$388
 3 or more students = \$448

Basic Annual Membership Fee **A** \$

② Choose Type of Payment:

Full Payment -Total Annual Membership Fee- D
 (Fee to be sent with application)

Payment Plan — Calculated in box below

Amount to be sent with this application:

\$100 of Basic Mbrshp. Fee.....	\$ 100
Plus Total Additional Fees..... B	+
Plus Late Fee C	+
Amount to be Sent E	\$

Balance Remaining on Payment Plan:

Total Annl. Mbrshp. Fee..... D	\$
Minus "Amount to be Sent" ...	-
Subtotal	
Plus \$20 Payment Plan Fee.....	+ 20
Remaining Balance...	\$ *

*This should equal one of the following: one student—\$248, two students—\$308, three or more students—\$368.

Balance to be paid in eight (8) equal monthly payments—
 One student \$31.00 a month
 Two students \$38.50 a month
 Three or more students.... \$46.00 a month

Payments are due on or before the 7th of each month—
1st payment—Sept. 7th; Last payment—April 7th.

Choose one of these two plans:

- I would like my monthly payment (shown above) drawn on the 7th of each month from Sept. through April using my credit card information listed below.
 I would like to receive monthly email statements.

Additional Annual Fees (If applicable)

(Please note that the deadline to enroll high school students in Tracks I, II, & IV is September 15th for the first semester and January 15th for the second semester.)

High School: (Grades 9-12)

\$95 Track I, Track II, or Track IV High School Fee
 (# of high school students ___ x \$95) +

Senior Fee: \$50 for each 12th grader in Track I, II, or IV..... +

Middle School: (Grades 7-8)

\$25 Per Course Fee for each high school course taken for credit
 (# of courses ___ x \$25) +

Special Needs: (Grades K6-12)

\$70 Special Needs Fee for each student enrolled in the
 Special Needs Program (# of students ___ x \$70) +

Total Additional Annual Fees **B** \$

Late Fee (If applicable)

Add Late Registration Charge of:

\$25 if application is postmarked **after August 1, but before September 1**
 \$50 if application is postmarked **on September 1 or after**

If you just moved from out-of-state, the late fee will be waived.

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

Late Fee **C** \$

Add: A, B, & C = Total Annual Membership Fee **D** \$

③ **Method of Payment:** Check Money Order Visa or MasterCard— Amount to be charged: \$ _____ (Should be "D" if paying in full or "E" if using payment plan) Card # _____ - _____ - _____ - _____ Exp. Date ___/___ CVC Code ___
 Billing zip code: _____ Name as it appears on card _____

④ Please read the statements below before signing this Financial Agreement.

Before approval of my application, should I withdraw my application, \$100 will be retained plus any late fees and a \$50 Hourly Fee for counseling or other services which have been rendered. If these fees are more than the amount I have paid, I agree to pay the outstanding balance. Any credit balance will be refunded. *A withdrawal request must be in writing.* Failure to complete my application by a given deadline or to fulfill requirements prescribed by State law will result in denial of my application and forfeiture of any credit balance.

After my application has been approved, should I withdraw *I agree to pay any outstanding balance of my Total Annual Membership Fee.* If my membership is discontinued at any time during the school year, I understand that transcripts cannot be issued and records cannot be released by SCAIHS until all my records and payments are complete.

Once accepted into membership, should any reports be late (refer to Statement of Commitment, page 4, #7, a-d) a \$10 late fee per family will be charged. Should my monthly payment and/or late report fee be postmarked after the due date, I will be charged a \$5 overdue fee (\$5 a month for each month or portion of a month that the fee is past due).

I have read and agree to the Financial Agreement and promise to pay the required fees as specified above.

Signature _____ **Date** _____

(Whether paying in full or using the payment plan, a signature is required of the person who is financially responsible.)

Statement of Commitment

As 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. In keeping with this, we agree to meet the following requirements for the duration of our membership in the Association:

1. Exercise diligence in teaching our child(ren) in a responsible manner.
2. Plan an appropriate course of study for each student and provide the curricula/materials necessary to implement the course of study.
 - a. Submit curriculum information to the SCAIHS staff for review using the Proposed Course of Study form or the Course Schedule and Course Description forms.
 - b. Teach the basic instructional areas of reading, writing, mathematics, science, and social studies and, in grades seven through twelve, composition and literature.
3. Teach (and document) a minimum of 180 days per school year to end by May 31.
4. Read the *SCAIHS Member Handbook*.
5. Maintain a daily or weekly written record of school work, activities, and field trips for each student.
6. Maintain a portfolio of samples of each student's academic work.
7. Submit the following to the SCAIHS staff:
 - a. Attendance/Progress Reports
 - 1) **Grades K6-8**, Semi-Annual Attendance/Progress Reports, *due November 7 and June 7*;
 - 2) **Students in grades 7 and 8 who are taking high school courses for credit**, an additional report is due on *March 7*;
 - 3) **Grades 9-12**, Tracks I, II, III, and IV, Attendance/Progress Reports *due November 7 and March 7*;
 - 4) **Track III high school students**, an additional Attendance/Progress Report *due June 7*;
 - b. A Special Needs Midyear Checklist for **special needs students in grades K6-8**, *due March 7*;
 - c. A Course Credit Record for each completed high school course taken for credit by students in **Tracks I, II, and IV**, *due upon completion of the course*.
 - d. A Year-End Report Card for **all students in grades K6-12**, *due by June 7*.
8. Have students in grades 3-11 participate in an annual standardized testing program as specified in the *SCAIHS Member Handbook* and pay any fees associated with testing. Send a photocopy of test scores to SCAIHS to complete the student file, due June 7.
9. Pay the annual membership fee on time.
10. 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.)
11. Have each student supervised by an adult during traditional school hours.
12. 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 cover full fees *or* payment plan amount to be sent with this application (To determine the amount, see the Financial Agreement Form on page 3.)
- Student Enrollment Form for each student--age 5 and up
- Records Release Form (on back of Student Enrollment Form)
- Proposed Course of Study Form *or* High School Course Schedule Form for each student of compulsory attendance age—6 and up
- High school forms, if applicable
- Diagnosis or evaluation for a student being enrolled in the Special Needs Program
- 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 and/or September 1, late fees will 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.

**SEND APPLICATION TO:
SCAIHS
930 KNOX ABBOTT DRIVE
CAYCE, SC 29033-3320**