



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). Parents everywhere are discovering the joys that come from teaching their children at home. Each year thousands embark on this journey and find that home schooling provides the best possible education for their sons and daughters—academically, socially, and spiritually. SCAIHS is here to serve you in this exciting endeavor!

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 over 900 families, representing an enrollment of over 1400 students.

Enrolling your preschool and 5-year-old kindergarten students in SCAIHS is a great springboard to promote lifelong learning. Membership benefits include receiving the *SCAIHS Advantage* Email Updates as well as access to teacher training seminars, and a 15% discount on most items in Home School Bookstore. Please note that the SCAIHS Preschool and 5-Year-Old Kindergarten Membership is a limited-services membership; curriculum and educational counseling are reserved for full members.

May God bless you richly as you endeavor to provide the very best for your children.

Sincerely,

Kathleen W. Carper
President

South Carolina Association of Independent Home Schools

Membership 2010-2011 Application—PRESCHOOL & 5-YEAR-OLD KINDERGARTEN

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

PARENTS OR LEGAL GUARDIANS**

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

HOME # (____) _____

WORK#[HIS](____) _____

[HERS](____) _____

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

CELL# [HIS](____) _____

[HERS](____) _____

MAILING ADDRESS _____
 CITY STATE ZIP

FAX # (____) _____

E-MAIL _____

RESIDENCE _____
 (If different from above)
 CITY STATE ZIP

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 documents such 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.)

Are any of the children being home schooled from a marriage that ended in a divorce? Yes No
 If YES, are the children held in
 your sole legal custody?
 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.
 Is either parent deceased? Yes No

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

**LEGAL GUARDIAN(S)—Please send a copy of court appointed guardianship.

◆For RACE, please use the following abbreviations: A=Asian, AA=African American
 C=Caucasian, H=Hispanic
 NA=Native American Indian
 O=Other, please specify _____
 FORMER MEMBER OF SCAIHS? YES NO

Please note that the Preschool and 5-Year-Old Kindergarten Membership is a limited-services membership. Curriculum counseling and record keeping are only available to full members. This application is not to be used for students who are six (6) years old before September 1, 2010.

Please state your reason(s) for home schooling. _____

 How did you hear about SCAIHS? Please check all that apply.
 SCAIHS Member Family/Friend SCAIHS Office/Sign
 Internet Support Group Home School Bookstore
 HSLDA SCHEA Convention CHEC Convention
 Library Phone Book Newspaper
 School District State Dept. of Ed. Radio
 Getting Started Home Schooling Workshop Other

OFFICE USE ONLY:

DATE REC'D _____	SD <input type="checkbox"/>	DIS _____	INIT _____
Pd _____	CK/AUTH # _____	APPR _____	DATE ACC SENT _____

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 *State Representative* in the South Carolina House of Representatives
 _____ The District Number for your *State Senator* in the South Carolina Senate
 _____ The District Number for your *U. S. Congressman* in the U. S. House of Representatives

CHECKLIST OF ITEMS NEEDED:

- Check/money order for \$25; or I called SCAIHS and paid \$25 by VISA or Mastercard—Authorization # _____
- Student Enrollment Form for each K-5 student (not needed for preschool students)
- 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)

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 including 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.

Statement of Commitment—

for Parents of 5-Year-Old Kindergarten students

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. We agree to teach and document the basic instructional areas of reading, writing, mathematics, science and social studies for a minimum of 180 days as required by state law. We understand that records will be personally maintained and not submitted to SCAIHS. *(Signatures required—please check the box that applies)*

 Father Step Father Legal Guardian Date _____

 Mother Step Mother Legal Guardian Date _____