



## SOUTH CAROLINA ASSOCIATION OF INDEPENDENT HOME SCHOOLS

930 Knox Abbott Drive, Cayce, SC 29033-3320  
Phone: (803) 454-0427 ♦ Fax: (803) 454-0428  
E-mail: [SCAIHS@scaihs.org](mailto:SCAIHS@scaihs.org) ♦ Website: [www.SCAIHS.org](http://www.SCAIHS.org)

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

March 2010

Dear SCAIHS Member:

The 2010-2011 renewal application and accompanying forms are now available for you to download. By returning a completed application by July 7, 2010, you will receive a \$25 discount. To qualify for this discount please keep in mind that all payments must be up-to-date and all records for the 2009-2010 school year must be complete.

End-of-year records include progress reports and report card(s). Copies of standardized test scores are also needed for students in grades 3-11, or, if your student took the Brigance, a copy of those test results. For Tracks I, II, and IV high school students and middle school students taking courses for high school credit, records also include course credit records for completed courses.

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

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.

**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

# South Carolina Association of Independent Home Schools

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

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 \_\_\_\_\_

**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.)

**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.

**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><b>Mail complete application by July 7th to receive a \$25 discount.</b> (See checklist on page 4.)</p> <p><i>Please note: To qualify for the early renewal discount, all payments and completed records for the 2009-2010 academic year must be submitted. These records include progress reports, report card(s), copies of standardized test scores for students in grades 3-11, and, course credit records for completed courses for high school students in Tracks I, II, and IV.</i></p>	<h3 style="margin: 0;">FAMILY INFORMATION</h3> <p style="font-size: small; margin: 0;">LIST ALL CHILDREN UNDER 18 YEARS OF AGE--EVEN THOSE NOT BEING HOME SCHOOLED.  <b>Please check where each child is to be enrolled during the 2010-2011 school year.</b></p>																																																																			
<table border="1" style="width: 100%; border-collapse: collapse; font-size: x-small;"> <thead> <tr> <th rowspan="2" style="width: 30%;">NAME</th> <th rowspan="2" style="width: 5%;">SEX</th> <th rowspan="2" style="width: 10%;">*RACE</th> <th rowspan="2" style="width: 10%;">BIRTH DATE</th> <th rowspan="2" style="width: 5%;">GRADE LEVEL</th> <th colspan="4" style="text-align: center;">TYPE OF SCHOOL</th> </tr> <tr> <th style="width: 10%;">HOME SCAIHS</th> <th style="width: 10%;">OTHER</th> <th style="width: 10%;">PRIVATE</th> <th style="width: 10%;">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> </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 \_\_\_\_\_

Prog _____
RC _____
CCR _____
Ach _____

HS Track: I, II, III, IV	<input type="checkbox"/> Full
<input type="checkbox"/> SF	<input type="checkbox"/> PP <input type="checkbox"/> Recur
<input type="checkbox"/> Paper	<input type="checkbox"/> 100 Deposit
<input type="checkbox"/> Online	<input type="checkbox"/> 75 Deposit
	<input type="checkbox"/> L Fee #1
	<input type="checkbox"/> L Fee #2
	<input type="checkbox"/> HS Fee
	<input type="checkbox"/> Per Course
	<input type="checkbox"/> SN Fee

OFFICE USE ONLY:

DATE REC'D _____	HS HANDBOOK _____	Dis _____	INIT _____
Pd _____	AUTH/Ck # _____	APPR _____	DATE ACC SENT _____

2 **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 a 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 online to [www.scstatehouse.net](http://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](http://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 3—Choose a Method of Payment

Step 2—Choose a Payment Plan using the information in the right column.

Step 4—Read the Financial Agreement at the bottom of this page; sign & 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.

**Complete** application postmarked by July 7 qualifies for a discount.

All prior year's payments and records must be complete to receive this discount.

- 1 student ..... = \$328 or \$303 with discount
- 2 students ..... = \$388 or \$363 with discount
- 3 or more students = \$448 or \$423 with discount

**Basic Annual Membership Fee** **A** \$

## 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**

**Late Fee** **C** \$

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

## ② Choose a Payment Plan:

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

**Payment Plan — Calculated in box below**

### Amount to be sent with this application:

\$100 of Basic Mbrshp. Fee *or*  
 \$75 if you qualify for July 7  
 early renewal discount .....

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.

## 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. Maintain a daily or weekly written record of school work, activities, and field trips for each student.
5. Maintain a portfolio of samples of each student's academic work.
6. 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) **Grades 9-12**, Tracks I, II, III and IV, an Attendance/Progress Report *due November 7*;
    - 3) **Grade 12**, Tracks I, II and IV, an additional Attendance/Progress Report *due March 7*;
    - 4) **Track III high school students**, a second Attendance/Progress Report *due June 7*;
  - b. A Special Needs Midyear Checklist for **special needs students in grades K6-11**, *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*.
7. 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.
8. Pay the annual membership fee on time.
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 box that applies)

<input type="checkbox"/> Father	<input type="checkbox"/> Step Father	<input type="checkbox"/> Legal Guardian	Date
<hr/>	<hr/>	<hr/>	
<input type="checkbox"/> Mother	<input type="checkbox"/> Step Mother	<input type="checkbox"/> 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—ages 5 and up
- Proposed Course of Study Form or 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 for the first time
- Separate page of explanation, **if applicable**, for work/teaching schedule or joint custody parental consent

### 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 July 7, the early renewal discount will not apply. If information or items 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.

**SEND APPLICATION TO:**  
**SCAIHS**  
 930 Knox Abbott Drive  
 Cayce, SC 29033-3320