

Homeward Education Association

6 Professional Court, Sumter, SC 29150
Phone 803-469-4927, Fax 803-469-4928
Email: rachelward@homewarded.com
Web Site: www.homewarded.com

Application For _____ School Year

Please fill out **completely!** Every line is important!

New / Renewal (please circle one)

Parent/Guardian Last Name: _____ Father: _____ Mother: _____

Address: _____

Phone Number: _____ Email: _____

Parents/Guardians Level of Education: (Circle) *HS Diploma GED College*
(New Applicants need to attach a copy of your diploma or certificate. Also, circle for both parents/guardians living in the home.)

School District Where You Live: _____

Estimated Beginning Date for Attendance Records: _____

Names of Student(s)	Age	Grade
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Member Fee: _____ (\$30 per student, \$60 max per family per year)
(Fee is nonrefundable)

High School Fee: _____ (\$25 per family per year additional fee)

Late Fee: _____ (\$10 per family after September 15th each school year)

SCHEA Membership (optional) add \$15.00 to total fee

SCHEA is the statewide support group (www.schomeeducatorsassociation.org)

Total Fee Enclosed: _____

Debit/Credit Card: Visa or MC _____

Expiration Date _____ Billing Zip Code _____

NEW APPLICANTS: Please give a short description of the curriculum you plan to use on the back of the application.

We, as a family, agree to follow and abide by the minimums as set forth in law. We agree to accurately fill out and promptly return the compliance form with the requested attachments at the end of the school year. We agree that it is our responsibility to educate our children.

Signature of parents/guardians

Date

For office Use only: Member Number _____ Fee Received: _____ Check Number: _____