



APPLICATION FORM

2018-2019 School Year

PARENT/GUARDIAN INFORMATION

MEMBER # _____

Relationship to student _____
LAST NAME FIRST NAME MI

Relationship to student _____
LAST NAME FIRST NAME MI

HOME SCHOOL INFORMATION

Primary Instructor: _____
(According to SC law, primary instructor must be a parent or legal guardian.) HIGHEST DEGREE _____

Home School Name: _____

Home Address: _____

City: _____ State: _____ Zip Code: _____ County: _____

Mailing Address: _____
(If Different)

City: _____ State: _____ Zip Code: _____

CONTACT INFORMATION

Email Address: _____

Home: _____ Cell: _____

STUDENT(S) INFORMATION

Child's Name: _____ DOB: _____ Grade: _____

PARENT/GUARDIAN SIGNATURES

Date: _____

Date: _____

SIGNATURE OF PARENT/LEGAL GUARDIAN MUST BE PRESENT FOR PARENT/LEGAL GUARDIAN TO HAVE ACCESS TO MEMBERSHIP FILE. **IF LEGAL GUARDIAN PLEASE PROVIDE A COPY OF CUSTODY PAPERS.**

MEMBERSHIP FEE: \$60.00 FOR FIRST TIME APPLICANTS, \$50.00 FOR EXISTING MEMBERS.

IMPORTANT NOTE: THIS FORM IS DUE AUGUST 1ST OF EACH SCHOOL YEAR. A LATE REGISTRATION FEE OF \$10.00 APPLIES FOR EXISTING MEMBERS AFTER AUGUST 15TH.



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