

APPLICATION FORM

2019-2020 School Year

PARENT/GUARDIAN INFORMATION						
MEMBER #			-			
				Relationship to s	student	
LAST NAME	FIRST NAM	FIRST NAME				
LAST NAME	FIRST NAM	IF.	MI	Relationship to s	student	
EAST NAME TINOT NAME						
HOME SCHOOL INFORMATION						
Primary Instru	uctor:					
		(According to	SC law, primary	instructor must be a parent o	r legal guardian.)	HIGHEST DEGREE
Home School	Name:					
Mailing Addres	ss:					
City:		State:		Zip Code:	County:	
Home Address	s·					
(If Different)	J.					
City:		State:		Zip Code:	County:	
CONTACT INFORMATION						
Email Address	::					
Home:				Cell:		
STUDENT(S) INFORMATION						
Child's Name:					DOB:	Grade:
		Ра	RENT/GUA	ARDIAN SIGNATUR	ES	
					Date:	
					Date:	
SIGNATURE OF	F PARENT/LE	GAL GUARD	IAN MUST BE	PRESENT FOR PAREN	NT/LEGAL GUARDIA	N TO HAVE ACCESS
TO MEMBERSH	IIP FILE. <i>IF L</i>	LEGAL GUA	RDIAN PLEA	ISE PROVIDE A COP	Y OF CUSTODY PA	IPERS.
MEMBERSHIF	P FEE: \$60.0	O FOR FIR	ST TIME API	PLICANTS, \$50.00 F	OR EXISTING ME	MBERS.
				1 st of each school August 15 th .	. TEAK, A LATE KEC	JISTKATION FEE OF

THOEPENDEITH

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