



# Homeward Education Association

6 Professional Ct  
Sumter, SC 29150  
Phone: 803-469-4927 Fax: 803-469-4928  
www.homewarded.com  
Rachel L. Ward rachelward@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: \_\_\_\_\_ (\$30 for one high school student, \$50 for two or more students per family per year  
-fee due when you start issuing high school credits)  
Late Fee: \_\_\_\_\_ (\$10 per family after August 15<sup>th</sup> each school year)

Total Fee Enclosed: \_\_\_\_\_  
If paying by Debit/Credit Card: Visa or MC \_\_\_\_\_  
Expiration Date \_\_\_\_\_ Billing Zip Code \_\_\_\_\_ cvv code: \_\_\_\_\_

To join SCHEA (statewide support group) go to [www.schea.net](http://www.schea.net) and pay online or print application.

**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. We have read the HEA Handbook and accept HEA's policies and procedures.**

\_\_\_\_\_  
**Signature of parents/guardians** \_\_\_\_\_  
**Date**

For office Use only: Member Number \_\_\_\_\_ Fee Received: \_\_\_\_\_ Check Number: \_\_\_\_\_