



Homeward Education Association

6 Professional Ct
Sumter, SC 29150
Phone: 803-469-4927 Fax: 803-469-4928
www.homewarded.com
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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 15th each school year)

Total Fee Enclosed: _____

If paying by Debit/Credit Card: Visa or MC _____

Expiration Date _____ Billing Zip Code _____ cvv 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. 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: _____