



Homeward Education Association

1116 Alice Drive, Suite D, Sumter SC 29150
 Phone: 803-469-4927 Fax: 803-469-4928
 Website: www.homewarded.com Email: aprilray@homewarded.com

Application For _____ School Year

Circle one: **NEW** or **RENEWAL**

Parent/Guard. Last Name: _____ Father Name: _____ Mother Name: _____

Address: _____ Phone: _____

City/Zip: _____ 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 Start Date: _____

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

Step 1: Pick one of these:	One child	\$40	\$ _____
	OR Two or more children	\$70	
Step 2: AND pick one of these if it applies to you:	One of my children is earning high school credits (even if in 8th grade)	Add \$40	\$ _____
	OR Two or more of my children are earning high school credits (even if in 8th grade)	Add \$60	
Add this after 8/15	Late fee if paying on or after Aug 15th	Add \$10	\$ _____
TOTAL	TOTAL AMOUNT ENCLOSED (non-refundable)		\$ _____

If paying by Debit/Credit Card: Card Number _____
 Expiration Date _____ Billing Zip Code _____ ccv code _____

NEW APPLICANTS: Please list the curriculum you plan to use on the back of this application.

We agree to follow the minimums as set forth by SC state homeschool law. We agree to fill out and return the compliance form with progress reports at the end of the school year. **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: _____