



Type of Application: New ☐ Renewal ☐

Father / Legal Guardian: _____
(First) (Middle) (Last)

Parents / Guardian's level of education:
(Select for both parents/guardians)

☐ GED

☐ High School Diploma

☐ College

☐ None of these

Address: _____
(Street)

(City) (State) (Zip)

Phone number: _____ Email: _____

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MEMBERSHIP APPLICATION

Christian Homeschoolers Association of South Carolina

P.O. Box 51386

Summerville, SC 29485

(843) 376 – 3209

www.christianhomeschoolersassociationofsouthcarolina.com

NAMES AND GRADE LEVELS OF STUDENTS

(1) Student Name: _____ Grade: _____

(2) Student Name: _____ Grade: _____

(3) Student Name: _____ Grade: _____

(4) Student Name: _____ Grade: _____

(5) Student Name: _____ Grade: _____

Will you be withdrawing any students from public school to begin homeschooling? ☐ Yes ☐ No
(if Yes, please list name(s) of students)

AGREEMENT (TERMS AND CONDITIONS)

We, the undersigned, agree to the following terms of membership set forth by South Carolina Code of Law Section 59-65-47, and those of CHASC:

- (1) We acknowledge that the primary teacher holds at least a high school diploma or the equivalent general educational development (GED) certificate and we will maintain a copy with our school records.
- (2) We will provide our own curriculum that includes, as a minimum: reading, writing, mathematics, science, and social studies, in kindergarten through sixth grade, and in seventh through twelfth grades, composition, literature, mathematics, science, and social studies. We understand that CHASC does not provide curriculum.
- (3) We will maintain the following educational records:
 - (a) a plan book, diary, or other record indicating subjects taught and activities in which the students and parent-teacher engage;
 - (b) a portfolio of samples of the student's academic work; and
 - (c) a semiannual progress report including attendance records and individualized documentation of the student's academic progress in each of the basic instructional areas specified above.
- (4) We agree to include at least 180 instructional days to be completed by May 31 every school year that we are members of CHASC and we will file the Yearly Compliance Form online between May 1st and May 31st.
- (5) We agree to read and abide by the Handbook available on the website. We will ask any questions about any points we do not understand.
- (6) We agree comply with the class ranking policy for high school students and to send all required information by the required deadlines specified on the website and in the Handbook.
- (7) We understand that CHASC may require a complete review of all records if such verification is needed for authorities, and any copies needed will be provide to CHASC within 24 hours of their being requested.
- (8) Upon acceptance, CHASC will issue membership verification by email and will email a family membership letter upon request.



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- (9) We understand that CHASC will provide membership verification to officials by phone or email when required or when requested by us. Requests for letters will be made by email at least 1 week in advance.
- (10) We promise to keep all contact and status information current by sending an email notification of any changes within 3 business days. This includes but is not limited to grade level, address, phone number, and email.
- (11) We understand that payment must accompany this form and that all fees are nonrefundable. Further, we understand that there is a \$25 fee on all returned checks. Failure to reimburse the check fees along with the original membership fee within 10 days will result in termination of membership.
- (12) We understand that if we do not receive notification of membership within 10 days of application we need to contact CHASC by email or phone to verify receipt of the application.
- (13) We understand that failure to comply with any requirement from South Carolina Code of Law Section 59-65-47, or CHASC policies may result in our homeschool being placed on probationary status or in immediate termination of our membership.
- (14) We understand that CHASC provides a newsletter group that we will be invited to join. It is solely our responsibility to join the group and maintain and monitor our email address and to keep CHASC informed of any email address changes or problems with receiving emails. Email reminders and notices are only sent as group reminders through the newsletter group and not to individual members.
- (15) We will notify CHASC by phone or email immediately if we are contacted by any official in regards to our homeschool, students or anything that may require input from or the involvement of the association.
- (16) We understand that we are solely responsible for any and all legal fees and attorney(s), should any legal issues arise. We further agree to hold CHASC harmless of any and all legal actions. We further understand that after completing this application we should make a copy of this application for our records and mail the original form to CHASC.

I have read and understand all the terms and conditions above and I am providing my complete name as my signature and confirmation.

Signature: _____

Date: _____

QUESTIONNAIRE

- 1) Have you been contacted by any official in the past year regarding your home school? ☐ Yes ☐ No

(if Yes, please explain)

- 2) Are you a member of HSLDA? ☐ Yes ☐ No

if Yes, please provide your membership number: _____

- 3) Are there any students in your homeschool who are not your children? ☐ Yes ☐ No



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if
Yes, which child(ren) and
what is their relationship to
you?

***If you homeschool children that are not yours by birth, you must maintain a copy of a court order showing proof of guardianship. For foster children you must have a letter from the local or state Department of Social Services, or the agency that has custody stating that you may homeschool them.*

SIGNATURE SECTION

CHASC reserves the right to refuse or deny enrollment to any applicant.

The application fee (see website) must accompany this form. You may pay via PayPal, by check, or money order. Your application will not be processed until your payment is received. If you use PayPal, please include student name(s) in the notes to seller to be sure the payment is properly credited to your account.

Please review this form and be sure that all applicable spaces are filled in and N/A is placed where not applicable. Both parents must sign this form if possible, if not, please note the reason on the signature line so that we know it is not an oversight.

By signing below, we certify that all of the information on this Membership Application form is complete and accurate. We further understand that providing any information that is inaccurate, misleading, or incomplete will result in immediate termination from this association.

Signature of Father / Legal Guardian: _____

Date: _____

Signature of Mother / Legal Guardian: _____

Date: _____

OFFICE USE ONLY

Application form Received: _____ Paid amount: _____ Check/MO No. _____

PayPal _____

Assigned Member Number: _____ Email list: _____ Newsletter: _____

Letter confirmation sent: _____ Follow up needed: _____