

PACESC: Parent's Association for Christian Education in South Carolina

PO Box 1767 Moncks Corner, SC 29461

REENROLLMENT FOR ACADEMIC SCHOOL YEAR

20_____ - 20_____

Family Membership Name: _____ Number: _____

Address: _____
City, State, Zip: _____
Mailing Address (if different) _____
City, State, Zip: _____
Phone Number: _____ Alternate Phone Number: _____

Has the information above changed from that given last year? Yes No

School District _____ New? Yes No

Email Address: _____ New? Yes No

Father _____ (___ In home Guardian/ ___ Not in home)

Mother _____ (___ In home Guardian/ ___ Not in home)

Step Parent _____ (listed if in home only)

List ALL school aged children in home. Homeschool (hs)/ Public or Private School (ps)

Student Name	DOB	Grade	Last Year		New Year	
			hs	ps	hs	ps
			hs	ps	hs	ps
			hs	ps	hs	ps
			hs	ps	hs	ps
			hs	ps	hs	ps
			hs	ps	hs	ps
			hs	ps	hs	ps
			hs	ps	hs	ps

We, the undersigned, again accept the responsibility of membership in PACESC agreeing to follow the requirements of the association and therefore the Laws of South Carolina regarding our home school. We understand giving any inaccurate, misleading, or incomplete information will result in termination of membership, forfeiture of any and all rights and privileges during the coverage period, and will release PACESC from any liability. We agree to make our homeschool records available upon request if necessary.

Signature of Primary Teacher

Date

**** Membership fee of \$30.00 per family/per year (covering period from activation date to May 31st of covered Academic School Year) is non-refundable and must accompany form.**