

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

PO Box 1767 Moncks Corner, SC 29461

**YEAR-END COMPLIANCE STATEMENT**

This form is to be sent to PACESC once your 180-day instructional year is completed.

Family Membership Name: \_\_\_\_\_ Number: \_\_\_\_\_

List parents/guardians living in the home: \_\_\_\_\_

*Instructions: Initial each statement below, sign and date*

We, the undersigned, affirm that the above named family has enrolled to home school through the Parent's Association for Christian Education in South Carolina in accordance with §59-65-47 of the Code of Laws of South Carolina.

We also affirm that we have followed all of the requirements of PACESC and therefore the requirements of the SC Law as set forth in said law.

\_\_\_\_\_  We have a copy of the parent/primary teacher's high school diploma or GED certificate on hand. We have provided PACESC with the required Notary Form.

\_\_\_\_\_  We have kept attendance records documenting an instructional period of 180 days. Our school year began \_\_\_\_\_ and ended \_\_\_\_\_.

\_\_\_\_\_  Our curriculum has included the basic instructional areas required. Namely: reading, writing, mathematics, science, and social studies for kindergarten through sixth grades. We have added composition and literature for students in grades seventh through twelfth.

\_\_\_\_\_  We have kept the required educational documentation including a record of the above instructional subjects and activities engaged in by the student and teacher; and samples of student's academic work; as well as a semi-annual report of academic progress in each of the curriculum areas.

**List All School-Aged Children In Family Membership During Reporting Year**

Student Name	DOB	Grade	Home Schooled	
			YES	NO
			YES	NO
			YES	NO
			YES	NO
			YES	NO
			YES	NO

List additional children, if necessary, on reverse side of this form.

Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Email: \_\_\_\_\_

Has this information above changed from that given at on original application? YES NO

**We, the undersigned, understand giving any inaccurate, misleading, or incomplete information will result in termination of membership, forfeiture of any and all rights and privileges during 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

For Information Only (Please check one)	<input type="checkbox"/> <b>We have already reenrolled for the year with PACESC.</b>
	<input type="checkbox"/> <b>We will be reenrolling with PACESC. (Form required)</b>
	<input type="checkbox"/> <b>We are not sure if we will be reenrolling with PACESC.</b>
	<input type="checkbox"/> <b>Thank you, but we will not be reenrolling with PACESC.</b>