

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: _____

School District *Required _____

Email Address: _____

Father/Guardian (*_In home/_ Not in home*): _____

Mother/Guardian (*_In home/_ Not in home*): _____

Step Parent (listed if in home only): _____

Other LEGAL Guardian (Name & Relation): _____

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

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 per family/per year (covering period from June 1st to May 31st of covered Academic School Year) is non-refundable and must accompany form. Postmark on letter determines submission date. Do not postdate checks.**

Please remit \$40.00.
Note: A recovery fee of \$35.00 will be charged for any bounced check.