

LOW-COUNTRY EDUCATORS' ASSOCIATION OF HOMESCHOOLS, LLC (LEAH)
MEMBERSHIP APPLICATION

	{ <i>For official use only:</i>
Name of Homeschool /Date Established	{ _____ } { <i>Date of Approval</i> <i>Account # (Log-in)</i>
School District/County (include District # if applicable)	{ <i>Applicable Tier</i> _____ <i>Ck/MO</i> _____ }
Full Name of Primary Instructor/Parent	<div style="text-align: right; margin-bottom: 5px;"> <input type="checkbox"/> GED <input type="checkbox"/> School <input type="checkbox"/> College <input type="checkbox"/> AS <input type="checkbox"/> BS <input type="checkbox"/> Grad/Post Grad. </div> <div style="display: flex; justify-content: space-between;"> _____ _____ </div> <div style="display: flex; justify-content: space-between;"> Yr Graduated School Name/City/State </div>
Name of Father <input type="checkbox"/> Custodial Parent* †	Name of Mother <input type="checkbox"/> Custodial Parent* †
Street Address, Apartment #	Street Address, Apartment # (if different than father)
City/State/Zip	City/State/Zip
Occupation	Occupation
Phone number	Phone number
Email address	Email address
	Forum password (<i>use 6-12 characters; access is case-sensitive</i>)

*If divorce is part of the family history, please indicate which parent has full custody and attach a *Notice of Non-Custodial Consent* form †If there is a deceased parent, please indicate this information after the parent's name. If you are a Foster Parent, please submit an official copy of the *Custody Decree* (Policy Statement, Item 7-9). If you have any pending government case such as a school district hearing for truancy or discipline issue or ever have been involved in a child abuse/neglect case, please complete the *Pending or Previous Government Case* form (Policy Statement, Item 10).

Please list previous school or homeschool association information; complete and attach a *Request for Student Records* form. Give your support group membership information below. (Policy Statement, Item 12).

School or Association Name

(Address)

(City/State/Zip)

(Fax No./Telephone)

Name of Support Group

(Address)

(City/State/Zip)

(Fax No./Telephone)

LOW-COUNTRY EDUCATORS' ASSOCIATION OF HOMESCHOOLS, LLC (LEAH)
MEMBERSHIP APPLICATION

The following fees are effective through March 1, 2010
All Fees are Non-refundable.

Low-country Educators' Association of Homeschools, LLC, or herein referred to as the "Association" offers three different kinds of membership: Preschool/Kindergarten Membership, Limited Membership and Full Membership. Please read carefully and select the type of membership desired. Full Membership also has a *Fees structure in addition to the Application Fee. See Policy Statement, Item 14, Fee Schedule.*

Preschool/Kindergarten (K-3 to K-5) Membership: \$35.00

The Association offers limited services membership for families with students in K3-K5 only.

Limited Membership: \$80 Application Fee

LEAH offers limited-services membership for families with students in K-3 through 12th grade to families using a distance learning program. See **Policy Statement, Item 15.** LEAH does not provide curriculum counseling, issue report cards, transcripts or diplomas if these services are provided by this type of program. Go to the Section "Limited Membership Students" to give information on the distance learning program.

Full Membership: \$80.00 Application Fee *plus* Applicable Tier Fee. LEAH offers Full Membership to families homeschooling in accordance with SC §59-65-47. See **Policy Statement, Item 14, Fee Schedule.**

Schedule of Fees:

Tier 1	Tier 2	Tier 3	Tier 4	Tier 5
Kindergarten	Grade 1-6	Grades 7-9	Grades 10-11	Grades 12*
\$0	\$30	\$60	\$90	\$120

*Includes Transcript Service – see Policy Statement, Item 4

Sample of Smith Family calculation of fees☺

The Smith family has students in Grades K-5, Grades 1-6 and Grade 10. Tier 4 applies as this is the highest grade the oldest student is in. A calculation of the total fees is as follows:

<u> x </u> I/We are applying for Full Membership:	Application Fee:	\$80.00
	Plus Tier #4 Fee:	90.00
	Total due:	<u>\$170.00</u>

Please make your selection for K3-K5, Limited, or Full Membership, choose only one:

_____ I/We are applying for K-3 to K-5 Membership only. Total due: \$35.00

_____ I/We are applying for Limited Membership only. Total due: \$80.00

_____ I/We are applying for Full Membership:	Application Fee:	\$80.00
Our oldest student is in _____ Grade. His/her Tier is _____.	Tier # _____ Fee is:	+ _____
	Total due:	= _____

LOW-COUNTRY EDUCATORS' ASSOCIATION OF HOMESCHOOLS, LLC (LEAH)
MEMBERSHIP APPLICATION

Student Information:

Please list all students in the home. If additional lines are needed, please attach a separate sheet. If any student in the home is not being homeschooled under SC Code §59-65-4, please indicate where they are enrolled. For High School students, indicate which High School Track is being attempted: Track I (College Prep), Track II (Tech/Prep), Track III (Certificate), See **Policy Statement, Item 5**. Please indicate if any student in the home is also enrolled in a SC Virtual School Program (not Charter School , **Policy Statement Item 15.**) Further information, see Notes 1-4.

Child's Name	D/O/B	Grade	High School Track	Notes 1-4 (see below)

1. SCVSP student is enrolled in a class with the SCDE Virtual Schools Program.
2. Dual Credit student enrolled concurrently in a homeschool and a 2- yr college program.
*For Notes 1-2, on separate paper, give the school, list of classes and levels.
3. Limited Membership student.
4. Special Needs student (an advisor is available for consultation).

Limited Membership Student: Please give the name and address of the Distance Learning Program or School (e.g., CLASS, Abeka Academy, Calvert School, etc.).

(Name)	(Fax#/Phone)
(Address)	(Website link)
(City/State/Zip)	(Dates of Enrollment Term)

Enrollment in Support Group Discount Membership (see Policy Statement, Item 12):

_____ I/We wish to enroll for Discount Membership with SCHEA and enclose an additional check payable to SCHEA in the amount of \$15.00.

_____ I/We wish to enroll for Discount Membership with HSLDA and enclose an additional check payable to HSLDA in the amount of \$95.00 (Please complete and attach HSLDA Application.)

Membership Approval Process:

- 1) Application Fees must be submitted to the Association upon application for Membership.
- 2) Applicants will be immediately notified upon receipt of Application.
- 3) Members will be notified of Approval within 15 days after receipt of application and issued a Unique ID and Website log-in to be used with member password, and two ID cards.

LOW-COUNTRY EDUCATORS' ASSOCIATION OF HOMESCHOOLS, LLC (LEAH)
MEMBERSHIP APPLICATION

- 4) Tier Fees are **due within 15 days** after Notification of Acceptance of Membership together with a completed ***Proposed Course of Study Form*** for each student and a ***Course Description Form*** for each course taken for high school credit (Access LEAH website Member Section: Downloads and Samples.)
- 5) Receipt of Fees will be made electronically and an account summary will be sent to the Member.
- 6) Non-payment of Fees or overdue documents may result in members being placed on Probation. Probation status will limit access to website and membership benefits.

Terms of Agreement:

I/We have read the Policy Statement and understand the requirements for membership in LEAH which Policy Statement is referenced hereto and incorporated herein. **I/We** further understand that my/our signature(s) indicates acceptance of all the membership Terms of Agreement and Policy Statement referenced hereto and incorporated herein. _____ (*Initial*)

I/We understand that we are not in legal compliance for membership under §59-65-47 until all application, forms, and fees are received and approved by the Director. The terms of this agreement are valid for the current school year and must be renewed each successive year. The Association reserves the right to place any Membership on probation or suspension as set forth in the Policy Statement. _____ (*Initial*)

I/We hereby certify that all the information given is true and correct and that **I/we** have made a copy of our Application and/or any documentation that has been mailed to LEAH, for our records, in order to be in compliance with the requirements of §59-65-47. _____ (*Initial*)

Signatures:

Parent #1

Parent #2

Father Date

Mother Date

Custodial Guardian in accordance with §59-65-46 Date

Checklist of required documents to be mailed to LEAH (if applicable) with the application:

- ____ **Check payable to LEAH, LLC**
- ____ ***List of Additional Students***
- ____ ***List of SCVSP classes***
- ____ ***Request for Student Records***
(one for each student)
- ____ **SCHEA payment**

- ____ ***Foster Parent Custody Decree***
- ____ ***Pending/Previous Government Case***
- ____ ***List of Dual Credit college and classes***
- ____ ***Notice of Non-Custodial Consent***
- ____ ***K-5 Waiver***
- ____ **HSLDA application/payment**

LEAH, LLC
717 Old Trolley Road, Suite 6-304
Summerville, SC 29485
PH: 843-834-1907/FAX: 866-929-9126
www.leahsc.com