

# SCIHE, INC.

Membership Application for the School Year, July 1st - June 30th

Welcome! Please sign and completely fill out the information below to the best of your ability. All of the information is needed, both for the membership list, and as a guide in arranging our group activities. Thank you!

I have read, agree to, and signed the statement of faith form and agree to serve in at least one SCIHE function annually: (initial here please) \_\_\_\_\_

I have read and agree that my family will abide by the field trip behavior & conduct expectations (initial here please) \_\_\_\_\_

School year (example: 2020-2021)

Names: first & last

Husband \_\_\_\_\_

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

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone: home \_\_\_\_\_ cell \_\_\_\_\_

Best time to call \_\_\_\_\_ email address \_\_\_\_\_

Are you a new member? \_\_\_\_\_

How many years have you been home schooling?

Names and ages of children who are being home schooled:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Home School Curriculum that you are using:

\_\_\_\_\_  
\_\_\_\_\_

Do you use any virtual/online curriculum course(s) supported by any public school (ie... K12, Connections Academy) yes/no If so, what do you use? \_\_\_\_\_

Please mail this application and a signed statement of faith along with **\$25** for yearly membership (**\$15 for 2020-2021**) dues to:

**SCIHE, INC.**

**7670 Parkland Court**

**Columbus, Indiana 47201**

New members joining after January 1st need pay only \$15.00.

Payment, application form, and signed statement of faith must be sent in to activate membership.