

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 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 _____

Street Address: _____

City _____ State _____ Zip _____

Phone: _____

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 (i.e. K12, Connections Academy) **yes/no**

If so, what do you use? _____

Please mail this application and a signed statement of faith along with **\$15** for yearly membership dues to:

SCIHE, INC.

7670 Parkland Court

Columbus, Indiana 47201

New members joining after January 1st need pay only \$10.00.

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