

Piedmont Christian Homeschool Association
750 Oil Mill Rd
Piedmont, SC 29673

YEAR-END COMPLIANCE STATEMENT

This form is to be sent to PCHA 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 Piedmont Christian Homeschool Association 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 PCHA 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 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 _____

Student Name _____ DOB _____ Grade Home Schooled _____

Student Name _____ DOB _____ Grade Home Schooled _____

Student Name _____ DOB _____ Grade Home Schooled _____

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 PCHA 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)

___ We have already reenrolled for the year with PCHA.

___ We will be reenrolling with PCHA. (Form required)

___ We are not sure if we will be reenrolling with PCHA.

___ Thank you, but we will not be reenrolling with PACESC.