

APPLICATION FOR APPROVAL OF HOME INSTRUCTION

(Section 59-65-40, as amended, of the 1976 S. C. Code of Laws)

Return application to: Central Office • 301 Camperdown Way • Box 2848 • Greenville, SC 29602 (please include) ATTN: HOME SCHOOL

Please provide all information requested in this application. You must file a separate application for each child you wish to instruct at home. You will be notified of the date, time, and place at which this application will be considered by the Board of Trustees should you desire to attend. If your application is not approved, you have the right to appeal the decision to the State Board of Education within ten days. **Each application is approved for one current school year only.**

Please check one of the following:

Initial Application:

Renewal Application:

PERSONAL INFORMATION

First Name _____ Initial _____ Last Name _____ Date _____
(Parent/Guardian Responsible for Home Instruction) **Biological Parent: Y / N (Circle One)**

Home Address _____ Telephone _____

City _____ State _____ Zip _____

Name of Child _____ Date of Birth / / _____ Male or Female _____
(First) (Middle) (Last)

QUALIFICATIONS OF PARENT OR GUARDIAN

(Check highest earned and **attach a copy of your diploma or degree**, if not already on file)

- General Educational Development Certificate (GED)
- High School Diploma
- Bachelor's Degree or Above

INSTRUCTIONAL PROGRAM

You must maintain the following documentation for each child you instruct:

- (1) a plan book, diary, or other written record of instruction taught in each subject area,
- (2) a portfolio of the child's academic work, and (samples may be requested)
- (3) a record of evaluations of the child's academic progress.

It is also necessary that you provide to the school district reports of attendance and assessment twice during the year on forms which will be provided. You must schedule **180 days** of instruction to include **4 1/2 hours of instruction per day** exclusive of lunch and recess.

GRADE YOUR CHILD COMPLETED FOR SCHOOL YEAR 2017-2018: _____
GRADE LEVEL FOR THIS APPLICATION - SCHOOL YEAR 2018-2019: _____

TEXTBOOKS: Grades 1-6

Please provide the information requested for each subject. If any of this information changes after your initial application, you must submit the new information to the school district.

Reading

Textbook _____ Grade Level _____
Publisher _____ Copyright Date _____
ISBN # _____

Writing

Textbook _____ Grade Level _____
Publisher _____ Copyright Date _____
ISBN # _____

Mathematics

Textbook _____ Grade Level _____
Publisher _____ Copyright Date _____
ISBN # _____

Science

Textbook _____ Grade Level _____
Publisher _____ Copyright Date _____
ISBN # _____

Social Studies

Textbook _____ Grade Level _____
Publisher _____ Copyright Date _____
ISBN # _____

Other (optional)

Textbook _____ Grade Level _____
Publisher _____ Copyright Date _____

Other (optional)

Textbook _____ Grade Level _____
Publisher _____ Copyright Date _____

Please list other materials available for use (examples: encyclopedias, educational games, etc.).

Please explain what kind of record of instruction you plan to keep (examples: plan book, diary, etc.).

Please explain what kind of evaluation records you plan to keep (examples: tests, reports, etc.).

Please explain where instruction will take place in your home.

Please list library facilities available for use by your child.

STATE TESTING PROGRAM In accordance with South Carolina Home School Laws, students must participate in the annual statewide testing program approved by the State Board of Education for their appropriate grade level. (No testing will take place for students in 1st and 2nd grade.)

Please indicate which option you prefer for your child's participation in the State Testing Program. (Details will be provided prior to testing dates.)

- Student's home base school
- At home (You will be responsible for paying for a test administrator, test monitor, and travel.)

STUDENTS WITH DISABILITIES

Does your child have a Service Plan written within the last 3 years? If yes, please provide documentation. Has any team (Individual Education Program team, Section 504 team, Service Plan team) identified accommodations required for statewide testing within the last 3 years? If yes, please provide documentation.

WAIVER

By completing an application for home instruction, I understand that I am agreeing to hold the district, the district Board of Trustees, and the district's employees harmless for any educational deficiencies of my child sustained as a result of home instruction.

Date

Signature

PRINT

OPTIONAL INFORMATION

The Board of Trustees is interested in the reasons parents choose home instruction. Please check as many as apply:

- | | |
|--|--|
| <input type="checkbox"/> Religious | <input type="checkbox"/> Dissatisfaction with administration |
| <input type="checkbox"/> Expense of private school | <input type="checkbox"/> Curriculum not challenging |
| <input type="checkbox"/> Medical problem | <input type="checkbox"/> Curriculum not inclusive |
| <input type="checkbox"/> Maturity | <input type="checkbox"/> Individual attention |
| <input type="checkbox"/> Learning problems | <input type="checkbox"/> Convenience |
| <input type="checkbox"/> Dissatisfaction with school environment | <input type="checkbox"/> Too much work after school |
| <input type="checkbox"/> Dissatisfaction with teachers | <input type="checkbox"/> Family relationships |
| <input type="checkbox"/> Other _____ | |
| <input type="checkbox"/> Comments _____ | |
| _____ | |
| _____ | |

In what type of program was your child enrolled last year?

- Private Public School Home School Other _____

Name of last school attended? _____