**Membership Application for**

**Reborn Third Option Homeschool (Reborn)**

For membership in Reborn, you **must**:

1. Complete this application and return it with the fee: **$30 per family by mail or online. Receive a $5 discount if you are a member of the Tri-County Home Educators support group.**
2. Follow **ALL** requirements of a, b, c, and d listed in the SC homeschooling law Section 59-65-47

(see our brochure)

1. Attend **mandatory** check-off meetings (in-person or virtually) on the second Monday of January, and the third Monday of May, bringing the items specified in d

**If you do not attend check-off or do not have these items when you attend, you will not be counted in the numbers submitted to the school district and thus are not homeschooling legally.** **Failure to comply with these requirements will result in immediate expulsion from Reborn Third Option Homeschool. The school district will also be notified of your legal status.**

**Parent’s/Legal Guardian’s Name(s):**

**Teaching parent**: **Circle ONE:**  HIGH SCHOOL DIPLOMA / GED **Year received**:

**How long have you been homeschooling (circle ONE)?** JUST STARTING THIS YEAR / VETERAN----How many years?

Which group (if other than Reborn)? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Complete Mailing Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Street Address (if different):**

**Preferred Phone Number:**

**Email Address: \_\_\_\_\_\_\_**

**Student(s) full name** **Age Grade Level Public School Name (if withdrawing)**

*I agree to comply with the membership requirements as stated above and covenant together with other members of Reborn Third Option Homeschool to be accountable to fulfill my homeschooling responsibilities as required by law, and to represent the homeschooling community in a positive, appropriate, above-reproach manner. By signing this form, I am accepting all legal responsibility for my child(ren)’s education.*

Parent/Legal Guardian Signature Date

**Mail completed application and fee (cash, credit card, CashAp, or Venmo) to:**

**Reborn Christian Ministries, Rene Bishop, Director, 129 Nectarine Circle, Walhalla, SC 29691**