
APPLICATION FOR REGISTRATION

PLEASE COMPLETE THE FOLLOWING:

DATE: _____

To avoid duplication of school names, kindly submit 3 completely different names for your Homeschool in order of preference: *(Please do not use the word "Academy" in your homeschool name and limit the length of the name to 15 characters.)*

A. _____

B. _____

C. _____

SCHOOL PHYSICAL ADDRESS:

City: _____

Province: _____

Country: _____

Postal Code: _____

SCHOOL POSTAL ADDRESS:

City: _____

Province: _____

Country: _____

Postal Code: _____

CONTACT PERSON:

TELEPHONE:

FAX:

CONTACT PHONE NO.:

EMAIL ADDRESS:

FULL NAME OF FATHER:

First: _____

Middle: _____

Surname: _____

FULL NAME OF MOTHER:

First: _____

Middle: _____

Surname: _____

1. Below, please fill in the names, ages and grade levels of your children who will be using the A.C.E. Programme:

NAME	DATE OF BIRTH	AGE	GRADE	NAME OF LAST SCHOOL ATTENDED

2. IF THE LAST SCHOOL ATTENDED WAS A SCHOOL USING THE A.C.E. PROGRAMME, KINDLY FURNISH THE FOLLOWING INFORMATION:

a) State reasons for leaving the school.

b) Are there any fees outstanding to the school?

c) Are there any fees outstanding to the school?

3. WE ARE INTERESTED IN HOME EDUCATING OUR CHILDREN ON THE A.C.E. PROGRAMME BECAUSE:

4. WE HEARD ABOUT THE A.C.E. HOME EDUCATION PROGRAMME THROUGH:

<input type="checkbox"/> Internet	<input type="checkbox"/> Joy Magazine	<input type="checkbox"/> A.C.E. Employee
<input type="checkbox"/> Website (SA)	<input type="checkbox"/> You Magazine	<input type="checkbox"/> Nearby A.C.E. School
<input type="checkbox"/> Website (USA)	<input type="checkbox"/> Friend/Family	<input type="checkbox"/> _____

5. DO YOU BELONG TO A DENOMINATIONAL CHURCH GROUP?

YES NO

6. IF YOUR CHURCH IS INDEPENDENT, WITH WHICH CHURCH DO YOU FELLOWSHIP (INCL. FELLOWSHIP ADDRESS)?

7. PROPOSED DATE FOR STARTING YOUR HOMESCHOOL:

STATEMENT OF FAITH AND PRACTICE

8. DOCTRINAL POSITION

We believe in:

- a) The inspiration of the Bible in all parts and without error in its origin;
- b) The one God, externally existent Father, Son and Holy Spirit, Who created man by a direct immediate act;
- c) The pre-existence, incarnation, virgin birth, sinless life, miracles, substitutionary death, bodily resurrection, ascension to Heaven, and the second coming of the Lord Jesus Christ;
- d) The fall of man, the need of regeneration by the operation of the Holy Spirit on the basis of grace alone, and the resurrection of all to life or damnation;
- e) The spiritual relationship of all believers in the Lord Jesus Christ, living a life of righteous works, separated from the world, witnessing of His saving grace through the ministry of the Holy Spirit.

I HAVE READ AND AGREE WITH THE ACCELERATED CHRISTIAN EDUCATION STATEMENT OF FAITH AND PRACTICE.

YES NO

FATHER'S SIGNATURE

MOTHER'S SIGNATURE

DATE

REFERENCES

NEXT OF KIN:

Name: _____

Address: _____

Contact Number: _____

PREFERABLY A PASTOR ALREADY INVOLVED WITH THE A.C.E. PROGRAMME:

Name: _____

Address: _____

Contact Number: _____

PLEASE GIVE THE NAME(S) OF THE PERSON(S) WHOSE ACTIONS INFLUENCED YOU TO SUBMIT AN APPLICATION FOR THE ACCELERATED CHRISTIAN EDUCATION PROGRAMME:

Name: _____

Address: _____

Contact Number: _____

CHECKLIST

- Registration form and recommendation completed.
- Proof of home education application having been submitted to the DBE.
- Copy of transfer card from the previous school.
- An original signed and witnessed (signed by two people) Standard Service Agreement.
- Letter of release on school letterhead if student has been at a school using the A.C.E. Programme (stating that the school is aware the family will be home educating using A.C.E.). *The homeschool will not be registered if this letter is not included.*

OFFICE USE ONLY

DATE RECEIVED: _____

RECOMMENDATION

Please complete this section before submitting the application for registration to National Office.

Name of Area Manager **or** Regional Representative **or** Consultant:

Name of Interviewer:

Name of Host School **or** Home Educators Academy:

TELEPHONE:

FAX:

PHYSICAL ADDRESS:

City: _____

Province: _____

Country: _____

Postal Code: _____

POSTAL ADDRESS:

City: _____

Province: _____

Country: _____

Postal Code: _____

RECOMMENDATION:

PROBATIONARY REGISTRATION:

YES NO

TRAINING RECOMMENDED:

Monitor Supervisor Homeschool Activity Pac

Date of Training: _____

TYPE OF INTERVIEW:

Personal Telephonic Reputable Reference

Signature of Area Manager or Regional Representative or Consultant or Home Academy Advisor

Date sent to National Office

PLEASE ENSURE THAT THIS APPLICATION IS COMPLETED IN DETAIL, TO THE FULL. REFERENCES ARE CRUCIAL FOR FUTURE USE.

THE FOLLOWING REQUIREMENTS / DOCUMENTS MUST ACCOMPANY THIS APPLICATION:

- Proof of Provincial/National Education Department registration
- Home Educator's Resource Kit Form (ticked with items needed for Starter Kit)
- Letter from previous school (Independent/Public)

PLEASE DO NOT SEND PAYMENT WITH THIS APPLICATION