

I C Faith

Nationwide Christian Academy

2462 Anderson Highway

Williamston, SC 29697

Complete 1 Enrollment Packet for each child

If you have questions on how to fill out this form, call 864-840-9472

CONTACT INFORMATION

Office Use Only!

STUDENT ID # : _____

Child Information

Name (Last, First, MI): _____

Age at enrollment: _____

Birth Date: _____

Grade At Enrollment: _____

SSN: _____

Academic Information

Last School: _____

School District: _____

School Phone # _____

School Fax # _____

Parent or Guardian Information

Name (Last, First, MI): _____

Parent's Email Address: _____

ID # _____

Type of ID: Drivers License ID Card State: _____

Address & Telephone Number

Street Address: _____

City, State & Zip: _____

Home Phone #: _____

Parent's Cell Number: _____

Office Use Only!

Enrollment Courses

Math _____

Eng _____

Sci _____

SS _____

WB _____

BR _____

Date Ordered:

Order #: _____

Arrived: _____

Mailed: _____

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IC Faith Nationwide Christian Academy Contract

Date: _____ I, _____,

parent of said child named, _____ agree to enroll

my child with IC Faith Nationwide Christian Academy.

I have selected Code _____ as the type of enrollment. (Write in code from Enrollment Selection)

[] I have enclosed a check or money order made out to IC Faith in the amount of

\$_____ for enrollment of this child + deposit for Score Keys & Resource Books.

[] I have paid via PayPal the enrollment amount \$_____ + 4% \$_____ = \$_____ for

enrollment of this child + deposit for Score Keys & Resource Books.

My PayPal email address is _____

I understand and agree that although I am enrolling my child with IC Faith Nationwide Christian Academy, I am the parent and am considered the Teacher while my child is enrolled in home school. IC Faith Nationwide Christian Academy's role is to provide school materials, guidance, and assist the parent in grading tests, maintaining a transcript, quarterly progress reports, and tutor my child if necessary either by phone or online, and insure all necessary documents are on file.

I further understand and agree that I may remove my child from IC Faith Nationwide Christian Academy at any time. I understand and agree the Registration Fee, Enrollment Fee, Shipping Charges, and the cost for paces are non-refundable if I so choose to remove my child from enrollment at IC Faith Nationwide Christian Academy. I understand and agree if I remove my child from enrollment with IC Faith Nationwide Christian Academy, that IC Faith is required to contact the school district of the child and inform them they are no longer enrolled.

I understand and agree that I was provided with an IC Faith Nationwide Christian Academy Cancellation Form upon enrollment, and if I choose to remove my child from IC Faith Nationwide Christian Academy, I must complete the Cancellation Form and send it to IC Faith Ministries before my child can be considered removed from IC Faith Nationwide Christian Academy.

Signature of Parent or Legal Guardian

(Signing this form constitutes Parent has read and agrees with this form)

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Check the box for the type of enrollment you want for this child.

Check One	CODE	Type Of Enrollment	Description	Length
<input type="checkbox"/>	S-1	Semester	1 st Child (1 st - 4 th Grade)	10 Weeks or complete paces
<input type="checkbox"/>	S-2	Semester	Additional Child (1 st - 4 th Grade)	10 Weeks or complete paces
<input type="checkbox"/>	S-3	Semester	1 st Child (5 th - 8 th Grade)	10 Weeks or complete paces
<input type="checkbox"/>	S-4	Semester	Additional Child (5 th - 8 th Grade)	10 Weeks or complete paces
<input type="checkbox"/>	S-5	Semester	1 st Child (9 th - 12 th Grade)	10 Weeks or complete paces
<input type="checkbox"/>	S-6	Semester	Additional Child (9 th - 12 th Grade)	10 Weeks or complete paces
<input type="checkbox"/>	H-1	Half Year	1 st Child (1 st - 4 th Grade)	20 Weeks or complete paces
<input type="checkbox"/>	H-2	Half Year	Additional Child (1 st - 4 th Grade)	20 Weeks or complete paces
<input type="checkbox"/>	H-3	Half Year	1 st Child (5 th - 8 th Grade)	20 Weeks or complete paces
<input type="checkbox"/>	H-4	Half Year	Additional Child (5 th - 8 th Grade)	20 Weeks or complete paces
<input type="checkbox"/>	H-5	Half Year	1 st Child (9 th - 12 th Grade)	20 Weeks or complete paces
<input type="checkbox"/>	H-6	Half Year	Additional Child (9 th - 12 th Grade)	20 Weeks or complete paces
<input type="checkbox"/>	F-1	Full Year	1 st Child (1 st - 4 th Grade)	40 Weeks or complete paces
<input type="checkbox"/>	F-2	Full Year	Additional Child (1 st - 4 th Grade)	40 Weeks or complete paces
<input type="checkbox"/>	F-3	Full Year	1 st Child (5 th - 8 th Grade)	40 Weeks or complete paces
<input type="checkbox"/>	F-4	Full Year	Additional Child (5 th - 8 th Grade)	40 Weeks or complete paces
<input type="checkbox"/>	F-5	Full Year	1 st Child (9 th - 12 th Grade)	40 Weeks or complete paces
<input type="checkbox"/>	F-6	Full Year	Additional Child (9 th - 12 th Grade)	40 Weeks or complete paces

Parent's Signature

Date Signed

Providing Sound Christian Minds

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**Include Copies of These Documents with
Enrollment Paperwork for this child.**

Copy of Parent (Teacher) Social Security Card

Copy of Parent (Teacher) Driver's License

Copy of Parent (Teacher) High School Diploma or GED

Copy of Child's Social Security Card

Copy of Child's Birth Certificate

Copy of Child's Transcripts

Copy of Child's Immunization Record (if 9 yrs and younger)

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Cancellation Form

Child Enrolled: _____

Date Enrolled: _____

Date Cancelled: _____

Reason for removal: _____

I, the parent or legal guardian, have removed my child from IC Faith Nationwide Christian Academy as of the date provided above and for reasons stated above.

I understand and agree that my child no longer is enrolled at IC Faith Nationwide Christian Academy and the State Board of Education will be notified as such.

I understand and agree the only monies refunded to me are the deposits for Score Keys, Resource Books and DVD's that I have returned in the same condition I receive them. If the Score Keys, Resource Books or DVD's are not returned or are damaged or written in, I will not receive a deposit refund.

I understand and agree, that the Transcripts will be sent to next school when formally requested for.

Signature of Parent or Legal Guardian

Date Signed