

I C Faith Worldwide Christian Academy
2462 Anderson Highway
Williamston, SC 29697
Phone & Fax 864-840-9472

www.icfaith.com

www.igotsit.com

**Home School Enrollment Form
(Page 1)**

Date: _____

Child's Name: _____
(First, MI, Last)

DOB: _____ Age at Enrollment: _____

Last Grade Completed: _____

Last School Attended: _____

School Address: _____
(If home school, leave blank)

School Phone #: _____ School Fax #: _____

School District: _____

Enrolling Parent Name: _____
(First, MI, Last)

Home Address: _____

Home Phone Number: _____

Parent Cell #: _____

How did you learn about us? _____
(Friend, Newspaper, Yahoo, EBay, Bing, Google, Egotist)

Student ID # _____ Enrollment Date _____

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**Home School Enrollment Form
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I, _____ am enrolling my child,
_____ in I C Faith Worldwide Christian Academy for a
Semester (10 weeks) .on _____ .

I as the legal parent/guardian understand that it will be my sole responsibility to insure that while my child is enrolled, they will meet the minimum standard of completing **(4) four pages in each subject each day** and will turn in **(2) two tests** each week to I C Faith Worldwide Christian Academy.

I understand, I as the parent/Legal Guardian must have at least a High School Diploma or GED to qualify to home school my child. I as the parent/Legal Guardian understand my child will be in school for at least 180 days per year. I understand the I C Faith Worldwide Christian Academy will maintain all paperwork, grade all tests, and hold tests on file, as well as tutor my child if needed. If my child is behind, and a special accelerated assignment is set up for my child to assist him/her to achieve their grade level or excel past their grade level, I the legal parent/guardian and my child will complete the special accelerated assignment on time as specified.

I further understand, I C Faith Worldwide Christian Academy is a supportive tool for the legal parent/guardian and child. We are in no way responsible for the parent or child not completing the assigned school work.

I C Faith Worldwide Christian Academy is responsible and required and WILL NOT hesitate to notify the Educational Truancy Office of your state if you, the legal parent/guardian do not insure your child completes and turns in the school work as stated in the second paragraph of this page.

We, the academy, take our job and a child's education extremely seriously and will not hesitate to notify the Education truancy Office if you fail to home school your child properly.

Parent's Signature

Improving the world starts with one child at a time.

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**Home School Enrollment Form
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Type of Enrollment

X one	Enrollment Type (Basic 6 Subject Setup)	Enrollment Cost	Deposit Cost
	1 st Child, Semester (10 weeks), 1 st -4 th Grade	\$67.38	
	Additional Child, Semester (10 weeks), 1 st -4 th Grade	\$56.13	
	1 st Child, Semester (10 weeks), 5 th -7 th Grade	\$70.80	
	Additional Child, Semester (10 weeks), 5 th -7 th Grade	\$59.55	
	1 st Child, Semester (10 weeks), 8 th -12 th Grade	\$76.20	
	Additional Child, Semester (10 weeks), 8 th -12 th Grade	\$64.95	
	1 st Child, Half Year (20 weeks), 1 st -4 th Grade	\$134.76	
	Additional Child, Half Year (20 weeks), 1 st -4 th Grade	\$112.26	
	1 st Child, Half Year (20 weeks), 5 th -7 th Grade	\$141.60	
	Additional Child, Half Year (20 weeks), 5 th -7 th Grade	\$119.10	
	1 st Child, Half Year (20 Weeks), 8 th -12 th Grade	\$152.40	
	Additional Child, Half Year (20 weeks), 8 th -12 th Grade	\$129.90	
	1 st Child, Full Year (40 weeks), 1 st -4 th Grade	\$269.52	
	Additional Child, Full Year (40 weeks), 1 st -4 th Grade	\$224.52	
	1 st Child, Full Year (40 weeks), 5 th -7 th Grade	\$283.20	
	Additional Child, Full Year (40 Weeks), 5 th -7 th Grade	\$238.20	
	1 st Child, Full Year (40 weeks), 8 th -12 th Grade	\$304.80	
	Additional Child, Full Year (40 weeks), 8 th -12 th Grade	\$259.80	

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Transcript Request Form

Date: _____

Request transcript From:

Dear Sir,

On this date, the below stated child has enrolled with I C Faith Worldwide Christian Academy. We and the parent respectively request transcripts for this child.

The transcripts can be faxed to 864-840-9472 or mailed to the address in the header.

Student: _____ Age: _____ Grade: _____

Address: _____

Last known date child attended your school: _____

William T. Jenkins Jr
William T. Jenkins Jr.
Senior Pastor/Administrator

Parent's Signature

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Copies of Documents Required

___ **Parent's Drivers License**

___ **Parent's GED or High School Diploma**

___ **Child's Birth certificate**

___ **Child's Immunization Record (If Under 9 years old)**

___ **Call us and provide over phone** **Child's SSN Card**

___ **Child's Transcript's**

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Cost Breakdown
For

Student: _____ **Student ID#:** _____

Family Registration Fee: _____ \$

Child Enrollment Fee: _____ \$

Paces (___ each): _____ \$

Shipping: _____ \$

Deposit: _____ \$

Total Enrollment Cost: _____ \$

I understand the cost breakdown stated above for this child. I understand the only amount refundable is the deposit and only if the material is returned and not written in, damaged or destroyed. If the deposited material is written in, damaged or destroyed, the deposit for that item will be taken to replace the item so other children will have this material available for them.

Parent's Signature of Understanding

Date signed by Parent

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