

# Rowan County Home School Association Membership Application

## Statement of Purpose

**The Rowan County Home School Association is a Christ-centered homeschool support group.** We offer our members the opportunity to participate in academic programs and social activities that strengthen and promote traditional family values. Education is a God-given right and the responsibility of parents. A Christian perspective is always in mind in the determining of group activities and support of both the parents and the children. Our member families will find educational opportunities to enhance their curriculum, information from state and national homeschool agencies, a high moral code of behavior, a well-defined governing body, and numerous opportunities to serve one another. This organization supports and promotes homeschooling as a legitimate alternative to other forms of education and is only limited to the gifts and talents of its active membership. This support broadens as leadership talent is developed, community resources are located, and membership needs are expressed. Psalm 111:10 states "The fear of the Lord is the beginning of wisdom: a good understanding have all they that do his commandments: his praise endureth forever." Therefore, we will strive to conduct our business "in the fear of the Lord" and in accordance with the basic tenets of Christian faith: doing all things in love, sharing all joy, speaking and acting in peace, always being honest, and being faithful to our members as unto the Lord.

www.rchsa.com

Please fill out both **front and back** of this application (in full) and send application along with a **nonrefundable check** made payable to **RCHSA to: RCHSA, PO Box 535, Salisbury, NC 28145** (Current members must pay before **June 30** or include a \$15.00 late fee.) **Choose your membership fee below. Please PRINT legibly.**

I want my newsletter by email/website - \$20

I want my newsletter printed and mailed. - \$30 - Please mark (√) which name the newsletter should be addressed to.

Last Name \_\_\_\_\_ Father \_\_\_\_\_ Mother \_\_\_\_\_

Address \_\_\_\_\_ Primary Email \_\_\_\_\_

City \_\_\_\_\_ Primary Phone \_\_\_\_\_

Zip \_\_\_\_\_ Second Phone (Optional) \_\_\_\_\_

Name of Church your family attends \_\_\_\_\_

Name of School (as registered with the state) \_\_\_\_\_

***Please enter the following information completely as applications are re-entered into our database each year. The annual RCHSA membership directory is published using the information on this page.***

Child's First Name	Last Name	Birthdate	Grade	Homeschooled? Y/N

(Attach a sheet to list more children.)

Are you new to the area?  Is this your first year homeschooling? \_\_\_\_\_

If not, how long have you homeschooled? \_\_\_\_\_

How many years have you been a member of RCHSA? \_\_\_\_\_

What test did you use last year for your mandatory testing? \_\_\_\_\_

Does your family have a business you wish to list in the RCHSA directory? \_\_\_\_\_

Please list curriculum you are using: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

(Attach a sheet if you need more room.)

**Requirements for Membership:**

1. I have notified the Division of Non-Public Education of my intent to operate a home school. Yes \_\_\_ No \_\_\_  
If your child will be between the ages of 7 and 15 for any part of the upcoming school year (ending next June 30) you must do so to be in compliance with the law. The RCHSA Board expects each member home school to operate within the legal limits of NC state law. We also expect that children educated in member home schools are receiving proper academic instruction. You can contact the DNPE office at: NC Department of Non-Public Education, 1309 Mail Service Center, Raleigh, NC 27699-1309, by phone (919) 733-4276, or website, [www.ncdnpe.org](http://www.ncdnpe.org).

- 2. As a member I agree to read and adhere to the bylaws of RCHSA. Yes \_\_\_ No \_\_\_
  - A. A member must operate their home school in compliance with North Carolina law.
  - B. A member signifies agreement with the purpose and ideals of RCHSA.
  - C. Minimum annual dues shall be set by the RCHSA Board.
  - D. A *Liability Release Form* will be provided to the membership for the purpose of requesting participation in RCHSA activities.
  - E. All memberships shall be approved by the RCHSA Board and will be subject to revocation by the Board for serious violations of Operating Rules or conduct that damages the image of the organization or home education.

3. I accept full responsibility for the care and safety of my children and myself when I participate in any RCHSA activity. Yes \_\_\_ No \_\_\_

4. Because the association is made up of member families and all members benefit from the group activities, an ABSOLUTE condition of membership is that at least one parent in each family serve RCHSA in some capacity. (waived for members in their first year of homeschooling )

I understand that it is my responsibility to serve the other members of the support group by performing a specific duty to assist the group. Yes \_\_\_ No \_\_\_

If you are a returning member, what position did you serve in this year? \_\_\_\_\_

Would you be willing to serve in this position again during the next school year? \_\_\_\_\_

If not, in what area would you be willing to serve this year? \_\_\_\_\_

Is there a service not presently offered that you would like to offer? \_\_\_\_\_

You will be contacted by the membership committee in regards to your service position within RCHSA.

**5. Graduation Participation Notice:** In order to participate in RCHSA High School graduation exercises a family must have been an active member of RCHSA no later than October 1<sup>st</sup> of the graduation school year.

I have a high school senior planning to participate in RCHSA graduation this school year. Yes \_\_\_ No \_\_\_

The name of my high school senior planning to participate in RCHSA High School graduation is:

\_\_\_\_\_

We encourage you to become a member of NCHE, our state home school organization. For a \$20.00 pledge you will receive a bimonthly newsletter, and your pledge will be used to help maintain an office in Raleigh that distributes information on home schooling and watches the legislature for new bills that could affect home education. For information on joining NCHE, you may call (919) 834-NCHE (6243). Website: [www.nche.com](http://www.nche.com)

**I have read and completed the above application and agree to abide by the conditions of membership.**

Signature \_\_\_\_\_ Date \_\_\_\_\_

**Do Not Write Below This Line ----Office Use Only**

PD \_\_\_\_\_ CN \_\_\_\_\_ LR \_\_\_\_\_

JA \_\_\_\_\_ WID \_\_\_\_\_

**Rowan County Home School Association**  
**Liability Release Form**

In consideration of the permission granted to the family of \_\_\_\_\_ by Rowan County Home School Association to participate in various volunteer and/or recreational activities, using Rowan County Home School Association facilities, I hereby release Rowan County Home School Association its agents and employees from all actions, causes of action, damages, claims, or demands which I, my heirs, executors, administrators, or assigns may have against Rowan County Home School Association, and other above described parties, for personal injuries known or unknown which has or may be incurred by participating in the above-described activities.

I, the undersigned, have read this release and understand all its terms. I execute it voluntarily and with full knowledge of its significance.

In witness whereof, I have executed this release the day and year written below.

\_\_\_\_\_  
*(Signature)*

\_\_\_\_\_  
*(Printed Name)*

\_\_\_\_\_  
*(Date)*