



APPLICATION FOR REGISTRATION

DATE RECEIVED: _____

PLEASE COMPLETE THE FOLLOWING:

HOME SCHOOL NAMES:

To avoid duplication of names, kindly submit three 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 names to 15 characters.)*

A.

B.

C.

HOME SCHOOL PHYSICAL ADDRESS:

Address :

City :

Province :

Country :

Postal Code :

HOME SCHOOL POSTAL ADDRESS:

Address :

City :

Province :

Country :

Postal Code :

Contact Person :

Telephone :

Contact Phone No. :

E-mail Address :

FULL NAME OF FATHER:

First Name

Middle Name

Surname

FULL NAME OF MOTHER:

First Name

Middle Name

Surname

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
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

IF THE LAST SCHOOL ATTENDED WAS A SCHOOL USING THE A.C.E. PROGRAMME, KINDLY PROVIDE THE FOLLOWED INFORMATION:

Reason for leaving the school?

Are there any fees outstanding to the school?

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

PLEASE COMPLETE THE FOLLOWING:

Indicate where you heard about A.C.E.

- | | | |
|--|--|---|
| <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"/> Home School Expo |

FATHER'S
SIGNATURE

MOTHER'S
SIGNATURE

DATE

REFERENCES

NEXT OF KIN:

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

REGISTRATION CHECKLIST

Registration form completed in full

Copy of transfer card from the previous school

An original signed and witnessed (by two people) Standard Services Agreement

Letter of release on a school letterhead, if the 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.*