



Application for Home Schooling using the A.C.E. Programme.

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.

Home School Physical Address:

City Province Country

Postal Code

Home School Postal Address:

City Province Country

Postal Code

Contact Person:

Telephone:

Fax:

Cellular 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 current or 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 you aware of any unresolved matters at the previous 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"/> AEE Employee Website |
| <input type="checkbox"/> (SA) | <input type="checkbox"/> You Magazine | <input type="checkbox"/> An A.C.E. School |
| <input type="checkbox"/> Website (USA) | <input type="checkbox"/> Friend/Family | <input type="checkbox"/> Other _____ |

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

Doctrinal Position

We believe in:

- a) The inspiration of the Bible in all parts and without error in its origin;
- b) The one God, eternally 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 Education Enterprises (Pty) Ltd Statement of Faith and Practice.

YES NO

Father's Signature	Mother's Signature	Date
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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
Contact Number
Name
Contact Number

CHECKLIST

- Registration form and recommendation completed.
- Copy of transfer card from the previous school.
- An original *signed* and witnessed (*two witnesses*) 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 the A.C.E. Programme).

Please ensure that this application is completed in detail.

PLEASE REMEMBER TO SEND THE R500 ADMINISTRATION FEE WITH THIS APPLICATION



OFFICE USE ONLY

DATE RECEIVED

Recommendation

Please complete this section before submitting the application for registration to AEE (Pty) Ltd.

Name:

Name:

Name:

Telephone:

Fax:

Address where starter kit must be sent:

Customer may order from AEE Distributors?

Recommendation:

Large rounded rectangle with horizontal dashed lines for writing a recommendation.

Probationary Registration:

Training Recommended:

Monitor

Supervisor

Homeschool Activity Pac

Date of Training

Type of Interview:

Personal

Telephonic

Reputable Reference

Sign:

Date sent to National Office: