Vicksburg Christian Home Educators **Membership Application**

The following information will be compiled and printed so that it may be shared with each family in VCHE.
This is **confidential** information and not to be shared outside the support group without the permission of the individual family.

Last Name: His: Hers: __
Occupation: __
Address: Zip: __
Home & Cell Phone Numbers: __
_____ The best time for me to receive calls: **AM or PM** (circle one or both)
Email Address: Internet Access Yes NO
Any messages between newsletters will be sent by e-mail from mchellie@directv.net, if you don't have an e-mail account you will get messages by phone.
Church Membership: _____

This is our _____ year to home educate.

Children Information:

Indicate if being home educated (X)	*Full Name*	*Date of Birth*	*M or F*	*Curriculum*

Membership Agreement:

We agree to do the following during the full duration of our membership in the support group.

1. Exercise diligence in teaching our children in a responsible way.
2. Use an organized curriculum and clearly recognizable program of education to instruct our children.
3. Adhere to the Mississippi Compulsory Attendance Law, Home School Status.
4. Have read the Activity/Field Trip Policy, and will abide by the Ten Commandments of Activities.
5. Have read and understand the Statement of Belief.
6. Understand that the group leaders have signed the Statement of Faith.

Father's signature Mother's signature Date signed

To make our support group run smoothly we need volunteers for certain activities.
After being part of our group for a year, you will be called on to help out.