|  |  |  |
| --- | --- | --- |
| SCACS_Black.jpg | **2016-2017**  **School Membership**  **& Enrollment Report** | **Office Use Only**  Date Rec’d:  Fee Rec’d:  Ck. # |

Instructions: (1) Answer **all** applicable questions; (2) Attach check payable to SCACS; (3) Mail completed form and check to: **SCACS • 615 St. Andrews Road • Columbia, SC 29210**

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| School: |  | | | | | | | | | | | | | | | | | | | | | | Phone: | | |  | | | | |
| Mailing Address: | | |  | | | | | | | | | | | | | | | | | | | | | Fax: | |  | | | | |
| Street Address (if different): | | | | | | |  | | | | | | | | | | Year School Started: | | | | | | | | | |  | | | |
| City & Zip: | |  | | | | | | | | | | | | Web Address: | | | | | |  | | | | | | | | | | |
| E-Mail Address: | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Sponsoring Church (if any): | | | | | | |  | | | | | | | | | | | | | Church Phone: | | | | | |  | | | | |
| Administrator/Principal: | | | | |  | | | | | | | E-Mail Address: | | | | |  | | | | | | | | | | | | | |
| Administrator’s Contact Number: | | | | | | | | |  | | | | | | | | | Home | | | |  | | | Cell | | |  | Texts? |  |
| Pastor: |  | | | | | | | | | | E-Mail Address: | | | | |  | | | | | | | | | | | | | | |
| Pastor’s Contact Number: | | | | | |  | | | | | | | | | | | | Home | | | |  | | | Cell | | |  | Texts? |  |
| Elementary Principal: | | | |  | | | | | | | | High School Principal: | | | | | | | | |  | | | | | | | | | |
| Athletic Director: | | |  | | | | | | | | E-Mail Address: | | | |  | | | | | | | | | | | | | | | |
| AD’s Contact Number: | | | |  | | | | | | | | | | | | | | Home | | | |  | | | Cell | | |  | Texts? |  |
| Fine Arts Coordinator: | | | |  | | | | | | | E-Mail Address: | | | |  | | | | | | | | | | | | | | | |
| FA Coordinator’s Contact Number: | | | | | | | | | |  | | | | | | | | Home | | | |  | | | Cell | | |  | Texts? |  |
| Preschool/Child Care Director: | | | | | | | |  | | | | | E-Mail Address: | | | | | |  | | | | | | | | | | | |
| Director’s Contact Number: | | | | | | |  | | | | | | | | | | | Home | | | |  | | | Cell | | |  | Texts? |  |
| Secretary: | |  | | | | | | | | | E-Mail Address: | | | |  | | | | | | | | | | | | | | | |

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **What Best Describes Your School?** | | | | | | | |  | | **Does Your School Offer the Following:** | | | | | | | | |
|  | Individualized (ACE, Alpha Omega, etc.) | | | | | | |  | | A special education program? |  | | | Yes | |  | No |
|  | Traditional (BJU, A-Beka Book, etc.) | | | | | | |  | | Home School Division? |  | | | Yes | |  | No |
|  | Video: |  | A-Beka | |  | Other |  |  | | Boarding School? |  | | | Yes | |  | No |
|  | Combination | | |  | | | |  | | International Students? |  | | | | Yes |  | No |
|  | Online | | |  | | | |  | |  | |  | | | | | | |
|  | Other | | |  | | | | |  |  | | |  | | | | | |

**Answer the Following:** (check all that apply)

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | |  | Yes |  | No | 1. | Does the school have an approved AHERA plan on file or an exemption letter? (EPA) | |  | Yes |  | No | 2. | Does the school have a birth certificate on file for each student? | |  | Yes |  | No | 3. | Does the school have an up-to-date shot record (DHEC #1148) in each student’s file? (SC Statute §49-29-180) | |  |  | |  | Yes |  | No | 4. | Does the school keep records of all internal medication it administers? | |  | Yes |  | No | 5. | Does the school adhere to the September 1 deadline for grade placement? | |  | Yes |  | No | 6. | Does the school maintain a permanent record of achievement and attendance for each student? | |  |  | |  | Yes |  | No | 7. | Does the school adhere to a published policy regarding allowable absences? | |  | Yes |  | No | 8. | Does the school file IRS Form 5578 and publish its non-discriminatory policy annually? (Federal Law) | |  |  | |  | Yes |  | No | 9. | Does the school have on file proof of having passed a DHEC inspection? | |  | Yes |  | No | 10. | Does the school use a public source for drinking water (not a well)? | |  | Yes |  | No | 11. | If no, does the school test for copper and lead contaminants in all drinking water? (EPA) | |  | Yes |  | No | 12. | Does the school have on file proof of having passed a fire safety inspection? | |  | Yes |  | No | 13. | Does the school hold regular fire and tornado drills? | |  | Yes |  | No | 14. | Does the school have in force a control and training plan for Bloodborne Pathogens? (Federal Law) | |  |  | |  | Yes |  | No | 15. | Does the school have a Crisis Management Plan in effect? (Recommended by SCACS & property and casualty insurance providers) | |  |  | |  | Yes |  | No | 16. | Does the school have a Hazard Communication Program in effect? (Federal Law Title 29 # 1910.1200) | |  |  | |  | Yes |  | No | 17. | Are the following on file for each employee: an application, I-9 form, W-4 form, & TB certificate? (Federal Law) | |  |  | |  | Yes |  | No | 18. | Has the school completed a “Terms of Employment” form for every employee? (SC Code of Laws §41-10-30) | |  |  | |  | Yes |  | No | 19. | Have all new hires and re-hires been reported to the appropriate state agency? (Personal Responsibility and Work Opportunity Reconciliation Act-Federal 1996) | |  |  | |  | Yes |  | No | 20. | If the school offers food service, does it comply with all applicable regulations? | |  | Yes |  | No | 21. | Does the school operate a child care center? If so, list the DSS registration or license number. | |  |  | |  | Yes |  | No | 22. | Does the school comply with drug and alcohol random testing for its drivers? (Federal Law) | |  |  | |  | Yes |  | No | 23. | Does the school have workman’s compensation insurance? (SC Law for 4 or more employees) | |  |  | |  | Yes |  | No | 24. | If the school uses vehicles larger than 15-passenger (including driver), does it meet all DOT regulations and all drivers have a CDL license? (Federal Law) | |  |  | |  | Yes |  | No | 25. | If the school uses a vehicle that is designed to seat more than 10 people in addition to the driver (12 or more) to transport students to and from school or school related activities (athletics, fine arts, or child care), does the vehicle meet the federal requirements for a school bus? (SC State Law) | |  |  | |  |  | |  |  | |  | Yes |  | No | 26. | Does the school have a student accident insurance policy in place? | |  |  |

Indicate below if you wish to receive one copy or two copies of SCACS correspondence and materials. Do not request more than two copies:

|  |  |  |
| --- | --- | --- |
|  | Send one copy to the Administrator | |
|  | Send two copies: one to the Administrator and one to the Pastor | |
|  | Send two copies: one to the Administrator and one to |  |

**ENROLLMENT: List below the number of students in your school in each age or grade and totals as indicated.** Student enrollment is to be calculated on the 6th full day of school.

|  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Pre-School (PS)** | | **Elementary (EL)** | | | | | | | **Junior High (JH)** | | **Senior High (SH)** | |
| 0-1 yr. |  | K5 | |  | 4th | |  | | 7th |  | 9th |  |
| 1-2 yr. |  | 1st | |  | 5th | |  | | 8th |  | 10th |  |
| 2-3 yr. |  | 2nd | |  | 6th | |  | |  |  | 11th |  |
| K4 |  | 3rd | |  |  | |  | |  |  | 12th |  |
|  |  |  | |  | | |  | |  |  |  |  |
| **PS Total** |  |  | **Elementary Total** | | |  | |  | **JH Total** |  | **SH Total** |  |

|  |  |
| --- | --- |
| **Total Student Enrollment** (Preschool through 12th grade) |  |
| **Total Faculty** (Full- and Part-Time Teachers, Administrators, Coaches, Etc.) |  |
| **Grand Total** (Student Enrollment Plus Faculty) |  |

Membership dues to SCACS are computed at $20.00 per student and faculty member, which also covers membership in the American Association of Christian Schools. The minimum is $200.00 per school and the maximum is $10,000.00 **plus** $3.00 per person for enrollment in excess of 500.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| We are applying for (refer to enclosed explanation) |  | Level I Membership |  | Level II Membership |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Grand Total Student and Faculty Enrollment** |  | | X $20.00 = $ |  | (or min./max.) |
| **Dues for over 500 students plus faculty enrolled** | |  | X $3.00 = $ |  |  |
| **SCACS Legislative Fee +** | | | | $30.00 |  |
| **Total Dues 2016-2017** | | | **=** $ |  |  |
|  | | |  |  |  |

|  |  |
| --- | --- |
| 1. | Attach School’s Philosophy of Christian Education **(Required only for new member schools in 2016-2017)** |
| 2. | Attach Annual Schedule of Events for School (helps in scheduling special events) |

**Supply the Following Information:** There are currently seven (7) US congressional districts in our state. We want to know which district your school is in and the congressman’s name. (**NOT Scott or Graham** as they are Senators.) We also would like the names and districts of your South Carolina House and Senate members (*not US Senators*).

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| U.S. Congressional District |  |  | U.S. Congressman’s Name: |  |  |
| S.C. House District Number: |  |  | S.C. House Member’s Name: |  |  |
| S.C. Senate District Number: |  |  | S.C. Senator’s Name: |  |  |
|  |  |  |  |  |  |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **SCACS Information and Form Request** | | | | | |
| **Need Something? Check below.** | |  | **Send the following and bill our school:** | |  |
|  | IRS Form 5578\* (Non-discrimination) |  |  | Bloodborne Pathogens Manual | $95.00 |
|  | Federal I-9 Form\* (Employment Eligibility) |  |  | Hazard Communication Standard Manual | $79.00 |
|  | SC Terms of Employment Notice\* |  |  | Crisis Management Manual | $149.00 |
|  | Drug and Alcohol Testing Program |  |  | School Operations Manual | $249.00 |
|  | ST-387 SC Sales Tax Exemption Application |  |  | School Administrative Manual | $65.00 |
|  | 403-B Retirement Program |  |  | School Faculty Manual | $75.00 |
|  | Student Accident Insurance |  |  | School Student/Parent Handbook | $65.00 |
|  | Cancer Insurance |  |  | |  |
|  | Disability Insurance |  |  | |  |
|  | Property and Casualty Insurance |  |  | |  |
|  | Term Life Insurance |  |  | |  |
|  | Hospitalization Insurance |  |  | |  |
|  | Overseas Travel Insurance |  |  | |  |
|  | AACS Visa Card Application |  |  | |  |
|  | Iowa Achievement Testing |  |  | |  |
| **\*These forms may be duplicated as needed.** | |  |  | |  |

Average (Mean) Scholastic Aptitude Test Scores (SAT) of Past Graduates – 2 Years

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Graduating Class Year | Number  Tested | Reading | Math | Writing | Overall Score |
|  |  |  |  |  |  |
|  |  |  |  |  |  |

Average (Mean) American College Test Scores (ACT) of Past Graduates – 2 Years

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Graduating  Class Year | Number  Tested | English | Math | Reading | Science  Reasoning | Composite |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |

Statement of Faith of the South Carolina Association of Christian Schools

(1) We believe that the Bible alone, in its autographs, is the verbal, plenarily inspired, and only infallible, authoritative Word of God, and that it is the only fit, final rule in all matters of both faith and practice. (2) We believe that there is one God, eternally existent in three persons: Father, Son, and Holy Spirit. (3) We believe in the deity of our Lord Jesus Christ, His virgin birth and His sinless life, His miracles, His vicarious atonement through His shed blood, His bodily resurrection, His ascension to the right hand of the Father, and His personal return in power and glory. (4) We believe in the present ministry of the Holy Spirit, by whose indwelling the Christian is enabled to live a Godly life. We believe that He indwells believers at conversion and that neither His indwelling nor His filling the believer is evidenced by any so-called sign or gift. (5) We believe that for the salvation of lost and sinful men, regeneration by the Holy Spirit is absolutely essential. (6) We believe in the resurrection of life for true believers and that they who are lost will be raised unto the resurrection of damnation. We believe in the resurrection of all men, both saved and lost. (7) We believe in the spiritual unity of believers in our Lord Jesus Christ.

*Membership will not be afforded those associated with, members of, or in accordance with the World Council of Churches, the National Council of Churches, the Modern Charismatic Movement, or the Ecumenical Movement.*

**We are in complete agreement with the above SCACS Statement of Faith and the SCACS Constitution and By-Laws. In addition, our school will have a representative attend and participate in the SCACS annual business meeting at the Columbia Conference.**

**We understand that full payment of dues is to be paid on or before September 1 and is considered past due if not received in the SCACS office by September 15. Past due accounts will be assessed a late fee of $.50 per person. After 30 days (October 15), the school will be dropped from the membership roll.**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  |  |  |  |  |
| Signature |  | Title |  | Date |