



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?

<input type="checkbox"/>	Individualized (ACE, Alpha Omega, etc.)
<input type="checkbox"/>	Traditional (BJU, A-Beka Book, etc.)
<input type="checkbox"/>	Video: <input type="checkbox"/> A-Beka <input type="checkbox"/> Other _____
<input type="checkbox"/>	Combination _____
<input type="checkbox"/>	Online _____
<input type="checkbox"/>	Other _____

Does Your School Offer the Following:

A special education program?	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
Home School Division?	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
Boarding School?	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
International Students?	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No

Answer the Following: (check all that apply)

- | | | | | | |
|--------------------------|-----|--------------------------|----|-----|---|
| <input type="checkbox"/> | Yes | <input type="checkbox"/> | No | 1. | Does the school have an approved AHERA plan on file or an exemption letter? (EPA) |
| <input type="checkbox"/> | Yes | <input type="checkbox"/> | No | 2. | Does the school have a birth certificate on file for each student? |
| <input type="checkbox"/> | Yes | <input type="checkbox"/> | No | 3. | Does the school have an up-to-date shot record (DHEC #1148) in each student's file? (SC Statute §49-29-180) |
| <input type="checkbox"/> | Yes | <input type="checkbox"/> | No | 4. | Does the school keep records of all internal medication it administers? |
| <input type="checkbox"/> | Yes | <input type="checkbox"/> | No | 5. | Does the school adhere to the September 1 deadline for grade placement? |
| <input type="checkbox"/> | Yes | <input type="checkbox"/> | No | 6. | Does the school maintain a permanent record of achievement and attendance for each student? |
| <input type="checkbox"/> | Yes | <input type="checkbox"/> | No | 7. | Does the school adhere to a published policy regarding allowable absences? |
| <input type="checkbox"/> | Yes | <input type="checkbox"/> | No | 8. | Does the school file IRS Form 5578 and publish its non-discriminatory policy annually? (Federal Law) |
| <input type="checkbox"/> | Yes | <input type="checkbox"/> | No | 9. | Does the school have on file proof of having passed a DHEC inspection? |
| <input type="checkbox"/> | Yes | <input type="checkbox"/> | No | 10. | Does the school use a public source for drinking water (not a well)? |
| <input type="checkbox"/> | Yes | <input type="checkbox"/> | No | 11. | If no, does the school test for copper and lead contaminants in all drinking water? (EPA) |
| <input type="checkbox"/> | Yes | <input type="checkbox"/> | No | 12. | Does the school have on file proof of having passed a fire safety inspection? |
| <input type="checkbox"/> | Yes | <input type="checkbox"/> | No | 13. | Does the school hold regular fire and tornado drills? |
| <input type="checkbox"/> | Yes | <input type="checkbox"/> | No | 14. | Does the school have in force a control and training plan for Bloodborne Pathogens? (Federal Law) |
| <input type="checkbox"/> | Yes | <input type="checkbox"/> | No | 15. | Does the school have a Crisis Management Plan in effect? (Recommended by SCACS & property and casualty insurance providers) |
| <input type="checkbox"/> | Yes | <input type="checkbox"/> | No | 16. | Does the school have a Hazard Communication Program in effect? (Federal Law Title 29 # 1910.1200) |
| <input type="checkbox"/> | Yes | <input type="checkbox"/> | No | 17. | Are the following on file for each employee: an application, I-9 form, W-4 form, & TB certificate? (Federal Law) |
| <input type="checkbox"/> | Yes | <input type="checkbox"/> | No | 18. | Has the school completed a "Terms of Employment" form for every employee? (SC Code of Laws §41-10-30) |
| <input type="checkbox"/> | Yes | <input type="checkbox"/> | 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) |
| <input type="checkbox"/> | Yes | <input type="checkbox"/> | No | 20. | If the school offers food service, does it comply with all applicable regulations? |
| <input type="checkbox"/> | Yes | <input type="checkbox"/> | No | 21. | Does the school operate a child care center? If so, list the DSS registration or license number. _____ |
| <input type="checkbox"/> | Yes | <input type="checkbox"/> | No | 22. | Does the school comply with drug and alcohol random testing for its drivers? (Federal Law) |
| <input type="checkbox"/> | Yes | <input type="checkbox"/> | No | 23. | Does the school have workman's compensation insurance? (SC Law for 4 or more employees) |
| <input type="checkbox"/> | Yes | <input type="checkbox"/> | 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) |
| <input type="checkbox"/> | Yes | <input type="checkbox"/> | 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) |
| <input type="checkbox"/> | Yes | <input type="checkbox"/> | 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:

- | | |
|--------------------------|---|
| <input type="checkbox"/> | Send one copy to the Administrator |
| <input type="checkbox"/> | Send two copies: one to the Administrator and one to the Pastor |
| <input type="checkbox"/> | 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 _____	4 th _____	7 th _____	9 th _____
1-2 yr. _____	1 st _____	5 th _____	8 th _____	10 th _____
2-3 yr. _____	2 nd _____	6 th _____		11 th _____
K4 _____	3 rd _____			12 th _____
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.

<input type="checkbox"/>	IRS Form 5578* (Non-discrimination)
<input type="checkbox"/>	Federal I-9 Form* (Employment Eligibility)
<input type="checkbox"/>	SC Terms of Employment Notice*
<input type="checkbox"/>	Drug and Alcohol Testing Program
<input type="checkbox"/>	ST-387 SC Sales Tax Exemption Application
<input type="checkbox"/>	403-B Retirement Program
<input type="checkbox"/>	Student Accident Insurance
<input type="checkbox"/>	Cancer Insurance
<input type="checkbox"/>	Disability Insurance
<input type="checkbox"/>	Property and Casualty Insurance
<input type="checkbox"/>	Term Life Insurance
<input type="checkbox"/>	Hospitalization Insurance
<input type="checkbox"/>	Overseas Travel Insurance
<input type="checkbox"/>	AACS Visa Card Application
<input type="checkbox"/>	Iowa Achievement Testing

Send the following and bill our school:

<input type="checkbox"/>	Bloodborne Pathogens Manual	\$95.00
<input type="checkbox"/>	Hazard Communication Standard Manual	\$79.00
<input type="checkbox"/>	Crisis Management Manual	\$149.00
<input type="checkbox"/>	School Operations Manual	\$249.00
<input type="checkbox"/>	School Administrative Manual	\$65.00
<input type="checkbox"/>	School Faculty Manual	\$75.00
<input type="checkbox"/>	School Student/Parent Handbook	\$65.00

*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, plenary 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