Allen County Christian Home Schoolers
Application Form

Requirements for Membership:

- Completed Application Form
- Completed and Signed Waiver of Liability form
- Signature verifying that you have read and agree to the ACCHS Statement of Faith
- Annual payment of dues: $20.00 per family (Term covered: August 1st through July 31st).
- Make checks payable to ACC Home Schoolers and mail completed forms to:

Mike & Amyial Brown ~ 10409 Twp Rd 25 ~ Alger, Ohio 45812

Membership Type: New____ Renewal ___ Membership Year: 20___/ ____

HSLDA Member? Yes / No If yes, Membership #_____ May we include your information in our directory? Yes / No (Circle one)

Name of Parent(s)/ Legal Guardian:

_____
Last Name First Name

_____
Last Name First Name

Address: _____

Home Phone: _____ Cell Phone: _____

Email: _____

Church currently attending: _____

Children/ Child's Name	Birthdate	Homeschooled
		Yes / No
		Yes / No
		Yes / No
		Yes / No
		Yes / No
		Yes / No
		Yes / No

ACC Home Schoolers is an all-volunteer group. Please mark any area(s) where you would be willing to help.

___Newsletter/Facebook ___ Field Trips ___Enrichment Day
___Holiday Parties ___ Graduation ___Fair Clean-up Fundraiser

By affixing my signature, I agree, with the ACCH Statement of Faith. (Both parents and/or legal guardians must sign)

Signature _____
Father Date

Signature _____
Mother Date

Signature _____
Legal Guardian(s) Date

Rev. 7/2021