



HOME EDUCATION

APPLICATION

Tel: (031) 573 6500 | Fax: (031) 569 1862 | Email: info@aceministries.co.za | Website: www.aceyoureducation.co.za
13 Glen Anil Street, Glen Anil, Durban, KwaZulu-Natal, South Africa, 4051 | P O Box 22072, Glenashley, 4022
Directors: GR Yoko, P Kwaan, J Windt, B Palmer, O Fernandes, N Mcoteli, N Hermanus, V Yoko
Reg. Number 1991/007348/08 - Association Incorporated under section 21 | VAT Reg. No.: 4500102506

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.

School Physical Address:

City	Province	Country
------	----------	---------

School Postal Address:

City	Province	Country
------	----------	---------

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"/> A.C.E. Employee |
| <input type="checkbox"/> Website (SA) | <input type="checkbox"/> You Magazine | <input type="checkbox"/> Nearby 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 Christian Education Statement of Faith and Practice.

YES NO

Father's Signature

Mother's Signature

Date



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 (*signed* by two people) Standard Service
- 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). *The homeschool will not be registered if this letter is not included.*



OFFICE USE ONLY

DATE RECEIVED

Recommendation

Please complete this section before submitting the application for registration to National Office.

Name:

Area Manager/Regional Representative/Consultant

Name:

Interviewer

Name:

Host School/Home Educators Academy

Telephone:

Fax:

Physical Address:

City	Province	Country
------	----------	---------

Postal Code

Postal Address:

City	Province	Country
------	----------	---------

Postal Code

Recommendation:

.....

.....

.....

.....

.....

.....

.....

.....

.....

.....



Probationary Registration:

YES NO

Training Recommended:

Monitor Supervisor Homeschool Activity Pac Date of Training

Type of Interview:

Personal Telephonic Reputable Reference

Sign:

Area Manager/Regional Representative/Consultant/ Home Academy Advisor

Date sent to National Office:

**Please ensure that this application is completed in detail, to the full.
References are crucial for future use.**

The following requirements / documents must accompany this application:

- Home Educators Resource Kit Form (ticked with items needed for Starter Kit)
- Letter from previous school (Independent/Public)

PLEASE DO NOT SEND PAYMENT WITH THIS APPLICATION

MATHS
ENGLISH
SCIENCE
ACCOUNTING
ECONOMICS
ART

+

CHARACTER
INCLUDED

