

OUR LADY OF PERPETUAL HELP

Compliance Association
P.O. Box 61078
Columbia, SC 29260-1078
(803) 695-1282 [email: olphsc1@gmail.com](mailto:olphsc1@gmail.com)
website: www.olphsc.com

School Year APPLICATION FORM

(Please fill in the school year)

Name of YOUR School (REQUIRED): _____

Father's Name: _____ Mother's Name: _____

Home Address: _____

City: _____ State: _____ Zip Code: _____

Daytime Phone: (_____) _____ Mobile Phone: (_____) _____

Email Address (REQUIRED): _____

Primary Instructor (Print Name): _____

***Please be advised that according to SC law, the teacher must be a parent or legal guardian and have at least a high school diploma or GED.**

In which School District are you zoned (REQUIRED): _____

***Do not confuse the County you live in with the School District you are zoned. If you are unsure, please call the nearest public school to your home and they can assist you.**

Is this your first year homeschooling? Yes or No

Is this your first year requesting membership with OLPH? Yes or No

If circling 'Yes', and if this is not your first year homeschooling, which association(s) have you belonged to previously? _____

Our Lady of Perpetual Help reserves the right to deny any application.

As members you are signing this application stating that the SC state requirements according to Section 59-65-47 are being followed for the current instructional year you are applying for.

Primary Instructor's Signature:

Date:

Please remit your application, completed and signed, with your payment for membership fees (\$30.00 made payable to OLPH. Do not send cash) and student course of study (1 form per student).

OLPH use only: date rec'd

date approved:

payment type: