

Shelby
New Testament
Fellowship
Academy



Family
Enrollment
Packet

Shelby New Testament Fellowship Academy is a ministry of the Shelby New Testament Fellowship Church.



Shelby New Testament Fellowship Academy

Hello,

As the administrator of Shelby New Testament Fellowship Academy, I wanted to take a moment to welcome you to our family.

Contained within this packet, you will find all the forms you need to enroll your family and the students, who will call SNTFA home. It will be a pleasure to have you in the school.

First, you will find our POLICIES AND PROCEDURES sheet. Please read through the document carefully, most of the questions will be answered right here. You will find that SNTFA does not require much. We ask only for what the state of Alabama requires. We do not have any required meetings, specific curriculum, or families to make a statement of faith.

Second, you will find the FAMILY APPLICATION FORM. Please fill this out completely. This is how we keep track of who is in the school and who is not.

Third, you will find the STUDENT ENROLLMENT FORM. Fill one of these out for each student you intend to have enrolled with us. Without one for each child, they are NOT enrolled.

Fourth, you will find the REQUEST FOR SCHOOL RECORDS FORM. Please fill out one of these for each child that has attended a school prior to this one.

Next, you will find the ATTENDANCE FORM. This form is required at the END of the school year. One form is required for each student to be turned in no later than July 31st of the ending year.

Lastly, you will find the HSLDA application. We are providing this as a courtesy for those families who wish to join the wonderful organization.

If you should have any questions, please do not hesitate to contact me.

Administrator



Shelby New Testament Fellowship Academy

Policies & Procedures

I. Shelby New Testament Fellowship Academy Policies

- A. The Church School's fiscal year will be from August 1 to July 31.
- B. The School Administrator reserves the right to approve or deny enrollment of any family for any reason.
- C. Families with children of compulsory school attendance age are not required, but strongly encouraged, to be members of the Home School Legal Defense Association (HSLDA). Visit <http://www.HSLDA.org> on the web or call 540.338.5600.
- D. Parents are the ones fully responsible and liable for their children's education and by signing this form below they indicate an understanding of same.
- E. If for any reason, a family withdraws from the school, the Administrator will inform, in writing, the Superintendent of the local school board for each student of compulsory attendance age.
- F. Shelby New Testament Fellowship Academy will not sponsor any field trips or extra curricular activities. Parents may plan and participate in these activities independently and outside the sponsorship of the Church School.
- G. Shelby New Testament Fellowship Academy does not dictate the curriculum to be used by any enrolled family.
- H. Per our policy, a signed and completed Attendance Record Form for each student is to be submitted to the Administrator no later than July 31 of the ending school year.
- I. Family Enrollment must be renewed annually. Failure to submit your renewal paperwork by July 31 of the ending school year will result in termination of enrollment.
- J. Becoming a member of this school is NOT a guarantee to keep you out of court for violation of state compulsory attendance laws; however it will provide your family with a valid statutory defense.

II. Enrollment Procedures

A Family Application Packet must be completed and submitted by each applying family for acceptance consideration. This packet is available for download from the Shelby New Testament Fellowship Academy website. The Application Packet includes but is not limited to the following: The Family Quick Information Sheet, Request for Student Records Form, Student Enrollment Form, The Policies & Procedures Sheet, and the HSLDA Application Form.

To enroll with the school, fill out the Family Quick Information sheet, one Student Enrollment Form for each child enrolling, one Request for Student Records Form for each child enrolling, enclose a payment for \$40.00 made payable to Shelby New Testament Fellowship Academy, and lastly sign and date the Policies and Procedures sheet (this sheet) and mail to:

Paul Lambert, Administrator
Post Office Box 244
Maylene, AL 35114

RELEASE OF LIABILITY: I / We acknowledge that The Shelby New Testament Fellowship Academy is not responsible nor liable for the education of my / our child(ren) and hereby hold harmless and release all liability as indicated by my / our signature(s) below.

Parent / Guardian: _____ Date: _____

Parent / Guardian: _____ Date: _____

Incomplete Family Application Packets will delay or disqualify your family for enrollment in the Church School.

Shelby New Testament Fellowship Academy is a ministry of the Shelby New Testament Fellowship Church.
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Shelby New Testament Fellowship Academy

Family Quick Information Form

(Please Print Clearly)

If any of the information on this form changes a new form must be submitted in as timely a manner as possible. Failure to submit updated information will result in removal from the school.

Enrollment is restricted to residents of the state of Alabama.

Date: _____

Parent/Guardian #1 Name: _____

Parent/Guardian #2 Name: _____

Home Phone: _____ 2nd Phone: _____

Email: _____

Street: _____

City: _____ State: AL ZIP: _____

School District Jurisdiction: _____

HSLDA Member? Account Number: _____

SNTFA Use ONLY:

Family Enrollment Date: _____

Family Withdrawal Date: _____

Assigned Account Number: _____



Shelby New Testament Fellowship Academy

Post Office Box 244 / Maylene, AL 35114 / Phone: 205-420-8135

Student Enrollment Form

(Please Print Clearly)

Enrollment of students is restricted to residents of the state of Alabama.

Student Name: _____

Student Date of Birth: _____ Grade: _____

Parent/Guardian Name: _____

Home Phone: _____ 2nd Phone: _____

Street: _____

City: _____ State: AL ZIP: _____

School District Jurisdiction: _____

By Signing, I grant prior consent to the administrator of Shelby New Testament Fellowship Academy to notify the public school superintendent should the above named student cease attendance/withdraw from Shelby New Testament Fellowship Academy.

_____ Date: _____

Parent/Guardian Signature

SNTFA Use ONLY:

Student Enrollment Date: _____ School Year: _____

_____ School Administrator Signature



Shelby New Testament Fellowship Academy

REQUEST FOR SCHOOL RECORDS

Name of School Attended: _____

School Address: _____

City: _____ State: _____ ZIP: _____

Please send all school records for the following student currently enrolled in Shelby New Testament Fellowship Academy. We require all cumulative records, testing, immunization cards, and any other pertinent information so that we may assess student ability and grade placement. Please include any other information that will verify subject content and proof of education goals being met for grades given.

Student Name: _____

Grade: _____ Date of Birth: _____

Administrator

Date

Please send records to:

Paul Lambert, Administrator
Post Office Box 244
Maylene, AL 35114

Parent / Guardian Authorization: We hereby authorize Shelby New Testament Fellowship Academy to receive all school records on the student listed above. We hold both schools blameless for any problems that may arise from the transaction of this request.

Parent /Guardian Signature

Date



Shelby New Testament Fellowship Academy

ATTENDANCE RECORD

Directions: Place a mark on each day of the month your child was present for instruction.

Student Name: _____

School Year: _____

	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31
AUG																															
SEP																															
OCT																															
NOV																															
DEC																															
JAN																															
FEB																															
MAR																															
APR																															
MAY																															
JUN																															
JUL																															

Instructor: _____

Total Days of Instruction For Year: _____



Shelby New Testament Fellowship Academy

HSLDA Membership

Shelby New Testament Fellowship Academy does not have a mandatory requirement for membership with the Home School Legal Defense Association.

This does not mean that we believe you should not be a member.

HSLDA can be an invaluable asset in our home school experience and they have many resources available to their members in the event of legal issues that could arise.

For your convenience, we have made available their enrollment form and the discount information to obtain membership at a reduced rate through the Christian Home Education Fellowship (CHEF) of Alabama organization.

Their information is as follows:

Group Name: Christian Home Education Fellowship (CHEF) of Alabama

Group Number: 298320

For additional information regarding HSLDA or CHEF of Alabama you can visit their websites at:

[Http://www.hslda.org](http://www.hslda.org)

[Http://www.ChefOfAlabama.org](http://www.ChefOfAlabama.org)

In a hurry? Join online at www.hslda.org

HSLDA MEMBERSHIP APPLICATION

Every question should be completely answered by parent or legal guardian using black or blue ink. Please do not staple correspondence to this application.

1 Mr. Other title _____
 Name _____
Last First Middle initial

Mrs. Miss Ms. Other title _____
 Name _____
Last First Middle initial

Address _____
 City _____ State _____
 Zip code _____ Phone (____) _____
 Email _____

2

A. I heard about HSLDA from: Home School Heartbeat
 A local support group Print ad
 HSLDA E-lert Service Friend
 Other _____

B. I received this application from: Conference table
 Curriculum supplier HSLDA office
 Discount/support group Friend
 Conference materials bag HSLDA website
 Other _____

3 I was previously a member of HSLDA: Yes No If yes, when? _____

4 Do you have school-age children? Yes No If no, skip to question 7.

5 Please provide the names of both parents and anyone else who is providing instruction or supervision on a regular basis to your children.

Check here if same as above

First name	Last name	Years of education completed	What percentage of the teaching will this person be doing? <small>Column should total 100%.</small>	During what hours will this person be involved in teaching? <small>Example: 9 a.m.–5 p.m.</small>	If instructor works outside the home, please list work schedule (days and hours). <small>If you need more space, please explain below.</small>
<input type="checkbox"/> Father _____	_____	_____	_____	_____	_____
<input type="checkbox"/> Mother _____	_____	_____	_____	_____	_____
<input type="checkbox"/> Other _____	_____	_____	_____	_____	_____

6 Provide information on all children you are planning to teach at home. List additional children on separate sheet. (Generally, we cannot protect your right to homeschool any children other than those in your own family. If any students are not part of your family, please explain.)

Please list students age 4–18 who will be or are currently being homeschooled.
 If child's last name is different from parents' last name, please provide.

What is instructor's legal relationship to each child?
 BP=Biological/Adoptive parent NR=No legal relationship
 SP=Stepparent CC=Custodian of child (not court appointed)
 LG=Legal guardian (court appointed) GP=Grandparent

First	Last	Age	Father	Mother	Other	Date home-schooling first began (or will begin)		Is student enrolled in any public school program? <small>If yes, explain below.</small>		Is there any time during traditional school hours when this student will not be under adult supervision? If yes, explain below for any child under 13.	
						M	Y	Yes	No	Yes	No
_____	_____	_____	_____	_____	_____	/	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
_____	_____	_____	_____	_____	_____	/	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
_____	_____	_____	_____	_____	_____	/	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
_____	_____	_____	_____	_____	_____	/	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
_____	_____	_____	_____	_____	_____	/	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Explanations for questions 5–6:

7 Have you been investigated for or charged with child abuse, neglect, or any other related charge within the past five years?
 If yes, please explain when the investigation occurred, if there was a finding of abuse or neglect, and if it has been fully resolved.
 Use a separate sheet if necessary. Include copies of any court documents.

Yes **No**

8 Has any legal action been threatened or brought against your children, homeschool, or anyone associated with it, or have you been contacted by any local school district official, social worker, or other government official concerning your children, your homeschool, or absence from public school? If yes, please describe the threat, legal action, or contact (by whom and when). Include copies of correspondence, legal proceedings, etc.

Yes **No**

Explanations for questions 7–8:

Office Use Only	Account # _____	Payment type, date, and amount _____	Accepted by _____	Group # _____
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IMPORTANT: YOU MUST COMPLETE AND SIGN THE REVERSE SIDE.

9 By signing this application, we agree:

- To exercise diligence in teaching our children in a responsible way.
- To use a clearly organized program of education to instruct our children.
- To keep records of each child's educational progress.
- To notify the Association promptly of any threatened or actual legal paper received by us related to our homeschool.
- That all the information presented on this form, to the best of our knowledge, is true and accurate.

Signature

Date

Please note:

- A. Payment must be submitted with application. No refund is available once membership is established.
- B. Membership dues are not tax-deductible. HSLDA is not an insurance company and cannot guarantee legal representation in every situation.
- C. Membership begins once your application is reviewed, accepted, and entered in our membership database.
- D. The processing of applications usually takes two to four weeks (longer in the summer and fall) once we have received your application.
- E. You will receive a membership packet after your application is approved. Membership is valid from the date your application is processed.
- F. Of your annual membership dues, \$15.00 is the *Home School Court Report* subscription cost.
- G. HSLDA reserves the right not to accept any membership application and the right to revoke membership if any information has been misrepresented. If your application cannot be approved, we will return your check and send you a letter of explanation.
- H. Membership services are not available in connection with any child enrolled in a public school or government-supported program based in the home, such as a charter school, virtual charter school, or independent study program.
- I. HSLDA does not provide legal representation for members in matters involving divorce, child custody, or related domestic disputes.
- J. Because of HSLDA's active involvement in preserving traditional marriage, we do not provide legal representation for matters involving same-sex marriages, civil unions, polygamy, or related domestic arrangements.

10 Membership and Payment Options

- Choose membership option and payment type.
- **Note: No refund is available once membership is established.**

	PAY IN FULL NOW		
	One year	Two years	Five years
<input type="checkbox"/> Standard membership	<input type="checkbox"/> \$115	<input type="checkbox"/> \$230	<input type="checkbox"/> \$500
<input type="checkbox"/> Discount membership <i>Complete information below.</i>	<input type="checkbox"/> \$95	<input type="checkbox"/> \$190	<input type="checkbox"/> \$400

Discount information

HSLDA offers a discounted rate to pastors, missionaries, active or retired military personnel, and groups who have established a discount with HSLDA.

I qualify for a discounted rate because I am:

- A full-time pastor.
- A full-time missionary.
- Active/retired military.
- A member of a group that is part of HSLDA's Group Discount Program. *(Complete information below.)*

Group name

Group number *(Contact your group for number.)*

To assist groups in keeping accurate records, HSLDA will provide your group administrator with periodic reports that include your name, zip code, account number, and membership date.

MAKE MONTHLY PAYMENTS

- **Payments can only be made by direct debit or credit card, no money orders.**
- **A \$10 setup fee is added to the first payment.**

\$11/month (first payment \$21)

\$9/month (first payment \$19)

- All payment plan memberships are set to automatically renew after the 12th month.
- Auto renewal can be cancelled any time after the 12th month.

Payment authorization

My signature below authorizes HSLDA:

- **If using *direct debit* only**—To initiate electronic fund transfer in the form of pre-authorized check withdrawals (debits) from my account at the financial institution written on my check, to debit my first payment immediately, and to debit subsequent payments on the 20th of each month thereafter.
- **If using *debit/credit card***—To charge my first payment immediately, and debit subsequent payments on the 20th of each month thereafter.
- **If claiming *group discount***—To charge me standard membership if HSLDA records show that I am no longer a member of the indicated discount group.

This authority is to remain in full force and effect until HSLDA has received written notification from me of its termination in such time and in such manner as to afford HSLDA reasonable opportunity to act on it. I understand that membership is for a minimum term of one year.

Signature

(For making payments only.)

11 Method of payment *(Please do not send cash.)*

- Check or money order payable to HSLDA *(Payment in full only.)*
- Direct debit: Attach a check with the current date for the amount of your first payment. *(Money order not available for payment plan.)*
- Debit/Credit card *(all fields required):* Visa MasterCard

Card # - - - Name on card

Exp. date / Signature

SEND YOUR APPLICATION AND PAYMENT TO: HSLDA ■ P.O. BOX 3000 ■ PURCELLVILLE, VA 20134 ■ 540-338-5600
STREET ADDRESS: ONE PATRICK HENRY CIRCLE, PURCELLVILLE, VA 20132 ■ Office hours 8:30 – 5:00 ET weekdays
We cannot accept faxed applications. To apply online, go to www.hslda.org