

CEE Ltd. - TEACH

Application for Enrolment

OFFICE USE ONLY	Account number: <input style="width: 50px;" type="text"/>	Date of Application: <input style="width: 50px;" type="text"/> / <input style="width: 50px;" type="text"/> / <input style="width: 50px;" type="text"/>
Full Member: <input style="width: 50px;" type="text"/>	Associate Member: <input style="width: 50px;" type="text"/>	

FAMILY DETAILS:

Titles (Mr & Mrs, Dr. etc): Surname:

Address:

County: Postcode:

E-mail Address:

House Tel. No: Mobile:

Church Attending:

Previous ACE School Name:

Please note: If a student has left an ACE school, please enclose a copy of the SPC card and a reference from the school.

Father's Full Name:

Father's Occupation:

How long a Christian: Date ACE training completed (if applicable):

Mother's Full Name:

How long a Christian: Date ACE training completed (if applicable):

Have you seen the curriculum yet? Which student has Special Educational Needs? **No:**

STUDENT DETAILS: (If more than four students, please use an extra sheet of paper)

STUDENT 1

Full Name: <input style="width: 95%; height: 20px;" type="text"/>		Male/Female	
		M/F	<input style="width: 50px;" type="text"/>
Date of Birth: <input style="width: 100px;" type="text"/>	Age: <input style="width: 50px;" type="text"/>	NCSC/ICCE Reg No:	<input style="width: 100px;" type="text"/>
NCSC/ICCE is our certificate programme - if applicable			

STUDENT 2

Full Name: <input style="width: 95%; height: 20px;" type="text"/>		M/F	
		M/F	<input style="width: 50px;" type="text"/>
Date of Birth: <input style="width: 100px;" type="text"/>	Age: <input style="width: 50px;" type="text"/>	NCSC/ICCE Reg No:	<input style="width: 100px;" type="text"/>

STUDENT 3

Full Name: <input style="width: 95%; height: 20px;" type="text"/>		M/F	
		M/F	<input style="width: 50px;" type="text"/>
Date of Birth: <input style="width: 100px;" type="text"/>	Age: <input style="width: 50px;" type="text"/>	NCSC/ICCE Reg No:	<input style="width: 100px;" type="text"/>

STUDENT 4

Full Name: <input style="width: 95%; height: 20px;" type="text"/>		M/F	
		M/F	<input style="width: 50px;" type="text"/>
Date of Birth: <input style="width: 100px;" type="text"/>	Age: <input style="width: 50px;" type="text"/>	NCSC/ICCE Reg No:	<input style="width: 100px;" type="text"/>

How many children do you have below school age not included above?:

Have you been registered with TEACH before? Yes/No: If yes - what was your account number?:

When enrolling with TEACH, parents agree that:

1. ACE curriculum will be used as the core of their home education programme.
 2. The required parent training will be completed before curriculum can be supplied.
 3. A copy of the Supervisor's Progress Card will be sent annually to TEACH along with Tests
 4. All academy fees will be paid by the due date (see Prospectus)
- (If any difficulty is experienced in this area, please notify TEACH as soon as possible.)
5. Membership is required for the entire duration that a child is using the ACE programme.
 6. All curriculum charges will be paid with the order, in accordance with current policy.
 7. Your family details will be given to your Area Representative.
 8. **Six weeks notice, IN WRITING**, of intention to leave TEACH will be given (or fees in lieu)
 9. Supply of the curriculum and acceptance on the programme will be dependant on an initial interview, to be undertaken here at Swindon or another convenient place.

After enrolment, TEACH agrees to provide all the services listed in the Prospectus.

Declaration

We/I wish to enrol our/my child/children in The European Academy for Christian Homeschooling outlined above and agree to abide by the conditions.

We/I understand that TEACH is a support service only and that we/I retain full responsibility under God for the education of our/my child/children.

I agree that I will only buy materials for my family on my account.

Please send Training Materials for the following (please tick): Father _____ Mother _____

(If training has already been done, please supply a photocopy of your certificate)

Signed: _____ (Father/Guardian) Date:

Signed: _____ (Mother/Guardian) Date:

Enclosed is a cheque for £ _____ Cheque No. _____ or credit/debit card details:

Card No:-

Valid from: ___/___ Expiry ___/___ Issue No: ___ (send security code under separate cover please)

Option 1

I want to pay the Annual Membership Fee of : £ _____

Total amount on cheque or to be taken off my card : £ _____

Option 2

I want to pay Membership Fee by Standing Order (See next page for form) Yes/No:

I enclose **2 months** membership fees (non-refundable).

Please make cheques payable to: 'CEE Ltd.'

We keep your details on our computer for internal use - are you happy for us to share at least your phone number with other interested families? Yes/No: Signed: _____

Please return the completed form with the Standing Order Form (if applicable) to:

TEACH, UNIT 5, NORTHFORD CLOSE, SHRIVENHAM, SWINDON, WILTSHIRE. SN6 8HL

The Principal of The European Academy for Christian Homeschooling (TEACH), reserves the right to suspend or terminate this enrolment at any time, after giving reasons. In such a case, an appeal, in writing, may be made to the Directors of Christian Education Europe Ltd., who will consider the matter at the next scheduled meeting.

It would help us in our research if you would let us know how you found out about TEACH:

*Friend (who?): _____ *A magazine (which?): _____

*TV:(which channel?) _____ *Website (which?) _____

*Other _____

CHRISTIAN EDUCATION EUROPE Ltd. - TEACH
(The European Academy for Christian Homeschooling)

Standing Order Authority

To/ **Your Bank Details**
Bank Name: **Branch:**
Street:
Town:
County:
Postcode: **Sort Code:**

Please pay: **National Westminster Bank**
For the credit of: **CEE Ltd.**

Highworth

60-21-40
a/c No. 57641692

The sum of: £ _____ Amount in figures
Amount in writing: [_____]

Commencing: ____ / ____ / ____ (Note to customer: Please make the commencement
day month year date **three** month after enrolment date.)
- and thereafter on the same day **every month** until further notice.

NOTE TO THE BANK:

Please quote the following **TEACH** reference number with each payment:

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Your account details:

Account to be Debited (a/c name)

Account Number

Signature 1. _____ **Date:** _____

Signature 2. _____ **Date:** _____

Surname (in capitals) _____

The Bank will not undertake to:

- ⌚ make any reference to Value Added Tax or other indeterminate element
- ⌚ advise payers address to the beneficiary
- ⌚ advise beneficiary of inability to pay
- ⌚ request beneficiary's banker to advise beneficiary of receipt

If there are any queries about this Standing Order Authority please contact:

Christian Education Europe Ltd
Unit 5, Northford Close
Shrivenham
Swindon, Wiltshire, SN6 8HL
Tel: 01793-783783

PLEASE RETURN THIS FORM TO 'TEACH' - NOT TO YOUR BANK