

# CEE Ltd. - TEACH

## Application for Enrolment

<b>OFFICE USE ONLY</b>	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 \_\_\_\_\_