



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. Mrs. Miss Ms.
 Name Name
Last First Middle Initial Last First Middle Initial
2. Address City State Zip Code
 Phone () E-Alert Service: *To receive time sensitive information via e-mail, please provide your e-mail address*
3. I received this application from: HSLDA Office Local Support Group Curriculum Supplier Home School Conference
 A Friend HSLDA Website Teaching Home Magazine Other
4. I was previously a member of HSLDA: Yes No If yes, when?
5. Instructor Information:

Please provide the names of both parents and anyone else who is providing instruction or supervision on a regular basis to your children. <i>To be eligible for HSLDA membership, parents (or legal guardians) must personally do at least 50% of the home schooling.</i>	Education Level (use abbreviation)	Employment Schedule	Work Location	Teaching Schedule	Percentage of Teaching
	ND = No diploma GED HD = HS Diploma AD = Assoc Degree BS = Bachelors MS = Masters Other (fill in)	Indicate the hours of the day this person works. For example: 9 a.m. – 5 p.m. If none, put "NA."	If this person is employed, is it in the home or out of the home? In Out	Please give the hours when this person will be involved in the instruction. For example: 9 a.m. – 5 p.m.	What percentage of the teaching will this person be doing? <i>Column should total 100%.</i>
First Last					
Father <input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Mother <input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Grandparent <input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Other <input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

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

Please list students ages 5–18 who will be or are currently being home schooled. <i>If child's last name is different from parent's, please provide.</i>	Birth Date	What is instructor's legal relationship to each child?				Date home schooling first began (or will begin)	Enrollment	
		Father	Mother	Grandparent	Other		Yes	No
First Last								
<input type="text"/>	/ /	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	/ /	<input type="checkbox"/>	<input type="checkbox"/>
<input type="text"/>	/ /	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	/ /	<input type="checkbox"/>	<input type="checkbox"/>
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<input type="text"/>	/ /	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	/ /	<input type="checkbox"/>	<input type="checkbox"/>
<input type="text"/>	/ /	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	/ /	<input type="checkbox"/>	<input type="checkbox"/>

Office Use Only

Accepted By <input type="text"/>	Payment Type and Date <input type="text"/>	Date Forwarded <input type="text"/>	Date Accepted <input type="text"/>
Membership # <input type="text"/>	Amount <input type="text"/>	Group # <input type="text"/>	Date Arrived <input type="text"/>

IMPORTANT: YOU MUST COMPLETE AND SIGN THE REVERSE SIDE.

Questions? Call us at 540.338.5600 weekdays 8:30–5:00 ET and ask to speak with the Membership Coordinator for your state.

7. Is there any time during traditional school hours (i.e., 8:30 a.m.–3:00 p.m.) when your students will not be under the direct supervision of the parents/adults listed in question 5?
If Yes, please explain. If another adult is providing supervision, give his/her name, relationship to the child, and where supervision will take place.
8. Has any legal action been threatened or brought against your home school or anyone associated with it, or have you contacted or been contacted by any local school district official, social worker, or other government official concerning your children, your home school, 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.
9. Have you been investigated for or charged with child abuse, neglect, or any other related charges within the past 5 years?
If Yes, explain (on a separate sheet, if necessary) when the investigation occurred, if there was a finding of abuse or neglect, and if it has been fully resolved. Attach copies of any court documents.
10. Do any of the children in your home school have any special learning needs?
If you mark Yes, we will send you a packet of information we believe you will find helpful.

Yes	No	Explanations for questions 6–10.
<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/>	<input type="checkbox"/>	

BY SIGNING THIS APPLICATION, WE AGREE:

1. To exercise diligence in teaching our children in a responsible way.
2. To use an organized curriculum and a clearly recognizable program of education to instruct our children.
3. To keep records of each child’s educational progress.
4. To notify the Association promptly of any threatened or actual legal papers received by us related to our home school.
5. To cooperate fully in the defense of any legal action (threatened or otherwise) which may be brought against our home school and provide any and all information and assistance to the legal counsel appointed by the Association to defend us.
6. That all the information presented on this form, to the best of our knowledge, is true and accurate.

Signature <input style="width: 90%;" type="text"/>	Date <input style="width: 90%;" type="text"/>
Signature <input style="width: 90%;" type="text"/>	Date <input style="width: 90%;" type="text"/>

Both parents must sign this application. However, in cases of divorce or legal separation, only one signature is required.

PLEASE NOTE

1. HSLDA does not provide legal representation for members in matters involving divorce, child custody, or related domestic affairs.
2. Payment must be submitted with the application. *No refund is available once membership is approved.* Membership fees are *not* tax deductible.
3. Membership begins once your application is reviewed, approved, and entered into our membership database.
4. The approval process for applications usually takes two to four weeks (longer in the summer and fall) once your application is in our office.
5. You will receive a membership packet after your application is approved. Membership is valid for 12 months from the date your application is approved.
6. HSLDA reserves the right not to approve 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.
7. If you stop home schooling and enroll your children in a public or private school, your membership automatically terminates.

PAYMENT INFORMATION

1. Enclosed is my payment of:
 - \$100–Standard Membership
 - \$85–Group Discount Membership*
2. Method of Payment (please do not send cash):
 - Check or money order payable to HSLDA
 - Please bill my credit card: Visa MasterCard

Credit Card No. - -

Name on card

Signature Exp. Date /

** Available only to active members of groups participating in our group discount program. You must be able to fill in the group number below to be eligible for the \$85 membership rate. (If you are not a member of a group that has established a discount program with HSLDA, our office may be able to direct you to one in your area.)*

Group Name

Phone

Group Discount No. (Contact your group for number)

Note: To assist groups in keeping accurate records, HSLDA will provide your group program administrator with periodic reports that include your name, address, membership number, and date.

SEND YOUR APPLICATION AND PAYMENT TO: HSLDA, P.O. BOX 3000, PURCELLVILLE, VA 20134 ■ 540.338.5600
EXPRESS & SHIPPING ADDRESS: 17333 PICKWICK DRIVE, PURCELLVILLE, VA 20132
WE CANNOT ACCEPT FAXED APPLICATIONS.