



BACKGROUND INFORMATION

Does your family attend a Christian church on a regular basis? Yes or No (please circle one)

If so, what is the name of your church? \_\_\_\_\_

Please list any previous co-ops attended:\_\_\_\_\_

How long has your family been homeschooling? \_\_\_\_\_

Why has your family chosen to homeschool? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Member of KHHC during 2023-24? Yes or No

How do you see ACE fitting into your family's homeschool plan? What goals are you hoping to meet through participating in ACE? \_\_\_\_\_

\_\_\_\_\_

NOTE: Submission of the family membership application does not guarantee membership. Family membership is evaluated on an annual basis during predetermined application dates that are posted on ACERockwall.org. Families may be asked to interview and will be notified by email of the outcome.

By signing below, I certify that all the information listed in this application is factual and accurate. I understand that any misrepresentation regarding my family/child may result in my family membership being revoked. I have read the ACE Rockwall Family Agreement. By signing this, I agree to adhere to all policies and procedures as set forth by ACE Rockwall and agree to the Family Agreement/Statement of Faith and will provide the required medical information and Pastoral Reference Form by the appropriate due date.

\_\_\_\_\_  
Signature of Father

\_\_\_\_\_  
Signature of Mother

\_\_\_\_\_  
Date

\_\_\_\_\_  
Date

Once completed, please send this signed document directly to **acerockwall+membership@gmail.com**.