

East Point Academy: A Public Charter School

ENROLLMENT FORM

District: South Carolina Public Charter School District

ENROLLMENT DATE: _____

Returning Student _____

Sibling of current student _____

New Student _____

STUDENT INFORMATION: Grade (2017-2018) _____ Age (2017-2018) _____ Gender Male Female

Last Name _____ First Name _____ Middle Name _____

Race
(check all that apply) _____ White _____ African-American _____ Hispanic _____ American-Indian _____ Asian
_____ Hawaiian _____ Pacific Islander Other: _____

Date of Birth: _____ City of Birth: _____ SS# _____

Home/Primary Phone: _____ Cell Phone: _____

Student's Mailing Address: _____
Street/Apt # _____ City _____ State/Zip Code _____

Student's Residence Address: _____
Street/Apt # _____ City _____ State/Zip Code _____

Previous School (if applicable) _____

Previous School District (if applicable) _____

PARENT/GUARDIAN(S) INFORMATION:

1. Last Name: _____ First Name: _____

Employer _____

Work Phone _____ Cell Phone _____

Home Address _____
Street/Apt # _____ City _____ State/Zip Code _____

Home Phone _____ Education: Grade Completed (optional) _____

Email Address _____

2. Last Name: _____ First Name: _____

Relationship: _____

Employer _____

Work Phone _____ Cell Phone _____

Home Address _____
Street/Apt # _____ City _____ State/Zip Code _____

Home Phone _____ Education: Grade Completed (optional) _____

Email Address _____

FAMILY INFORMATION:

Student lives with (Name) _____

Relationship _____ Mother _____ Father _____ Step-Mother _____ Step-Father _____ Group Home
(Check all that apply) _____ Foster Mother _____ Foster Father _____ Legal Guardian
Other (please explain) _____

Note: If guardian, legal guardianship papers must be provided and approved by the constituent district as part of cumulative records and if there is a legal custody agreement, documentation must be provided as part of cumulative records.

Please list any other children/siblings at the residence (even if not in school):

Name _____ Age _____ Grade _____ School _____

Name _____ Age _____ Grade _____ School _____

Name _____ Age _____ Grade _____ School _____

EMERGENCY INFORMATION:

Medical: (i.e. asthma, diabetes, seizures, ADHD, ADD, mental /physical conditions, allergies (insects, etc.)

Please List: _____

Medication(s): _____

EMERGENCY CONTACTS:

Phone Numbers:

1. Name _____ Relationship _____ Home _____ Work _____ Cell _____

2. Name _____ Relationship _____ Home _____ Work _____ Cell _____

3. Name _____ Relationship _____ Home _____ Work _____ Cell _____

Physician's Name _____ Phone _____

ADDITIONAL INFORMATION:

<p>Has the student repeated a grade (s)? <input type="checkbox"/> Yes, grade(s) _____ <input type="checkbox"/> No Did the student attend Kindergarten? <input type="checkbox"/> Yes <input type="checkbox"/> No Has the student ever been expelled? <input type="checkbox"/> Yes <input type="checkbox"/> No Grade expelled _____ Does the student have a Behavior Plan? <input type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p>Does the student wear? <input type="checkbox"/> Prescription glasses <input type="checkbox"/> Contact Lenses <input type="checkbox"/> Hearing Aid <input type="checkbox"/> Other _____ <input type="checkbox"/> None</p>	<p>Will the student attend daycare after school hours? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Undecided Parent or Guardian active duty military? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, which branch? _____</p>
<p>Has the student ever received special education services? (IEP) <input type="checkbox"/> Yes <input type="checkbox"/> No Does the student have a 504 plan? <input type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p>If the student has IEP please specify? <input type="checkbox"/> Resource/Inclusion <input type="checkbox"/> Self- Contained <input type="checkbox"/> Consultative <input type="checkbox"/> Speech</p>	<p>Area of Disability <input type="checkbox"/> LD <input type="checkbox"/> Visually Impaired <input type="checkbox"/> ED <input type="checkbox"/> Hearing Impaired <input type="checkbox"/> EMD <input type="checkbox"/> OHI (medical condition) <input type="checkbox"/> TMD <input type="checkbox"/> Orthopedic Impaired <input type="checkbox"/> PMD <input type="checkbox"/> Speech/Language <input type="checkbox"/> Other _____</p>

HOME LANGUAGE SURVEY: English Speakers of Other Languages (ESOL)

1. Which language did your child learn when he/she first began to talk? _____
2. What language does your child speak most frequently at home? _____
3. If your child was not born in the USA, in what country was he/she born? _____
4. Date your child entered school in the United States _____

Parent Signature: _____ Date: _____

By signing this form you are giving the school permission to request all academic and behavioral records from their previous schools.



Elementary/ Middle
1401 Leaphart Street
West Columbia, SC 29169

East Point Academy
www.eastpointsc.org

Primary
1340 Knox Abbott Drive
Cayce, SC 29033