



Southwest Charlotte STEM Academy

REQUIRED Enrollment Documents

Enrolling a child in **Kindergarten?** Please provide the following:

- ☐ **Student Enrollment Form** - included in this packet
- ☐ **Special Education Placement Form** - included in this packet
- ☐ **Student Handbook / Uniform Policy** - included in this packet
- ☐ **Proof of Residence** - lease, deed, property tax record (home or vehicle). This item needs to specify the COUNTY you reside in.
- ☐ **Guardianship Documents** - if applicable
- ☐ **Original Student's Birth Certificate** - This birth certificate must be an official, original birth certificate with a raised seal issued by the state or county of birth.
- ☐ **Photo ID for parent or legal guardian**
- ☐ **Immunization Record**
- ☐ **Health Assessment Form** - included in this packet. REQUIRED for ALL kindergarteners. Health assessments may be completed up to 12 months prior to the start of school. Health forms are REQUIRED to be turned into the school no later than 30 calendar days after school starts.

Enrolling a child in **Grades 1-7?** Please provide the following:

- ☐ **Student Enrollment Form** - included in this packet
- ☐ **Special Education Placement Form** - included in this packet
- ☐ **Student Handbook / Uniform Policy** - included in this packet
- ☐ **Proof of Residence** - lease, deed, property tax record (home or vehicle). This item needs to state the COUNTY you reside in.
- ☐ **Guardianship Documents** - if applicable
- ☐ **Original Student's Birth Certificate** - This birth certificate must be an official, original birth certificate with a raised seal issued by the state or county of birth.
- ☐ **Photo ID for parent or legal guardian**
- ☐ **Immunization Record**
- ☐ **Health Assessment Form** - included in this packet. ONLY REQUIRED if your student is enrolling for the first time in a North Carolina public school. Health assessments may be completed up to 12 months prior to the start of school. Health forms are REQUIRED to be turned into the school no later than 30 calendar days after school starts.
- ☐ **Current Report Card**

Please understand that enrollment cannot be completed without all of the above listed items.

All above documents have been received:

Registrar Signature: _____

Date: _____



Southwest Charlotte STEM Academy

Student Enrollment Form

Student Information

Student's Legal Last Name Student's Legal First Name Student's Middle Name

Address City State Zip Code

Date of Birth (mm/dd/yyyy) Gender Enrolling Grade

Primary Phone Number

Student's Country of Birth When did the student first enter a U.S. school?

What language is spoken at home? What language is most used by the student?

Ethnicity (check one)

- ☐ Hispanic
- ☐ Non Hispanic

Race (check one or more)

- ☐ American Indian / Alaskan Native
- ☐ Asian
- ☐ Black / African American
- ☐ Native Hawaiian / Pacific Islander
- ☐ White

Last School Attended:

School Name City / State Phone Number

Family Information

Father's Last Name:

Father's First Name:

Deceased: Y or N

Living with student?

Y/N (if no, please list address below)

Primary Phone Number

Additional Phone Number(s)

Email Address

Custody of student? Y/N (may be required to provide court documents)

Authorized to pick up student from school? Y/N

Mother's Last Name

Mother's First Name

Deceased: Y or N

Living with student?

Y/N (if no, please list address below)

Primary Phone Number

Additional Phone Number(s)

Email Address

Custody of student? Y/N (may be required to provide court documents)

Authorized to pick up student from school? Y/N

Stepparent/Guardian Last Name

Stepparent/Guardian First Name

Deceased: Y or N

Living with student?

Y/N (if no, please list address below)

Primary Phone Number

Additional Phone Number(s)

Email Address

Custody of student? Y/N (may be required to provide court documents)

Authorized to pick up student from school? Y/N

Other children in the family enrolled at Southwest Charlotte STEM Academy:

Student's Legal Name: _____

Grade: _____

Student's Legal Name: _____

Grade: _____

Student's Legal Name: _____

Grade: _____

Health Information

List pertinent health or medical information and instructions:

Immunization Records Provided: ☐ Yes ☐ No

If no, NC law requires Certificate of Immunization on the first day of school entry. Parents/Guardians have 30 calendar days to provide documentation or the student shall be excluded from school.

Home Language Survey (required)

Student's Country of Birth: _____

When did the student first enter a U.S. School? _____

What is student's first language? _____

What language is spoken at home? _____

What language is most used by student? _____

Emergency Contacts (other than parent /guardian)

Last Name	First Name	Relationship to student
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Primary Phone Number/Additional Phone Number	Permission to pick up student?
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Last Name	First Name	Relationship to student
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Primary Phone Number/Additional Phone Number	Permission to pick up student?
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Parent/Legal Guardian Signature: _____

Date: _____



Special Education Placement or Other Formal Education Plans

Student's Full Name: _____

___ YES ___ NO → Student has received Special Education Services (Exceptional Children) in the past AND student has an IEP (Individualized Education Plan)

___ YES ___ NO → Student has been identified as Academically/Intellectually Gifted

___ YES ___ NO → Student has a Section 504 Plan

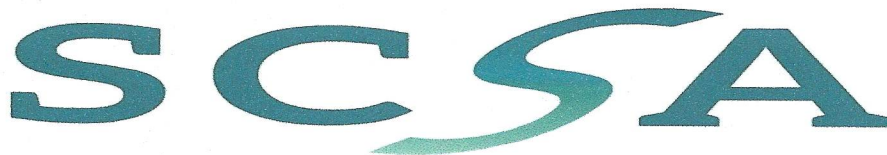
___ YES ___ NO → Student has received ESL (English as a Second Language) services

If "YES" to any of the above, complete information below:

Student Date of Birth: _____	
Student Address: _____	
Parent/Guardian Name: _____	
Parent/Guardian Phone: Cell: _____	Work: _____
School Last Attended: _____	
School Address: _____	
Contact Person: _____	Phone: _____

Parent Name: _____

Parent Signature: _____ **Date:** _____



Southwest Charlotte STEM Academy

Name _____

Date of Birth _____ Age _____ Grade _____

Suspension and Expulsion

Please check the appropriate box

☐ IS NOT currently suspended or expelled from any school and does not have a pending suspension or expulsion

☐ Has been recommended for long term (more than 10 days) suspension or expulsion from _____ (school)

Explain offense(s) _____

☐ Has had a long term suspension or expulsion

The SCSA Way

Southwest Charlotte STEM Academy has set forth expectations to ensure students success. These include: Responsibility, Respect, Safety, and Resourcefulness. This is the SCSA Way. Parents and Students must read and adhere to the Student Handbook. The handbook can be found on the school website.

☐ I have read and agree to follow the guidelines and expectations set forth in the Student Handbook.
(please initial)

☐ I understand that students enrolled at SCSA must wear a school uniform with the SCSA logo and adhere to all uniform guidelines.
(please initial)

I, _____ (parent/guardian) hereby swear or affirm that the above information is true and accurate. I understand that failure to provide accurate information may result in forfeiture of acceptance.

Parent/Guardian Signature



NORTH CAROLINA HEALTH ASSESSMENT TRANSMITTAL FORM

This form and the information on this form will be maintained on file in the school attended by the student named herein and is confidential and not a public record.

(Approved by North Carolina Department of Public Instruction and Department of Health and Human Services)

PARENT to COMPLETE THIS SECTION

Student Name:

(Last)

(First)

(Middle)

Birthdate (M/D/YYYY):

School Name:

Home Address:

City:

State:

County:

Parent Information: Name of Parent, Guardian, or person standing in loco parentis:

Telephone(s)

Home:

Work:

Cell Phone:

Health Concerns to be shared with authorized persons (school administrators, teachers, and other school personnel who require such information to perform their assigned duties):

HEALTH CARE PROVIDER TO COMPLETE THIS SECTION

Medications prescribed for student:

Student's allergies, type, and response required:

Special diet instructions:

Health-related recommendations to enhance the student's school performance:

Vision screening information:

Passed vision screening: ☐ Yes ☐ No

Concerns related to student's vision:





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Hearing screening information:

Passed hearing screening: ☐ Yes ☐ No

Concerns related to student's hearing:

Recommendations, concerns, or needs related to student's health and required school follow-up:

School follow-up needed: ☐ Yes ☐ No

Medical Provider Comments:**Please attach other applicable school health forms:**

Immunization record attached: ☐

School medication authorization form attached: ☐

Diabetes care plan attached: ☐

Asthma action plan attached: ☐

Health care plans for other conditions attached: ☐

Health Care Professional's Certification

I certify that I performed, on the student named above, a health assessment in accordance with G.S. 130A-440(b) that included a medical history and physical examination with screening for vision and hearing, and if appropriate, testing for anemia and tuberculosis. I certify that the information on this form is accurate and complete to the best of my knowledge.

Name:

Title:

Signature: _____

Date (m/d/yyyy):

Date of Exam (if Different):

Practice/Clinic Name:

Practice/Clinic Address:

Practice/Clinic City:

State:

Zip:

Phone:

Fax:

Provider Stamp Here:

