



2017-2018
New Student
 Enrollment Application
 "A Pre-College Academy for Precocious
 School Children"
 O: 803-226-2060 F: 803-226-0202
 www.hcacs.net

Payment: _____
 ____Cash ____Check ____Check No.
 ____M.O. ____ Title 1 (Proof: Medicaid
 or other government assistance)
 -----Office use only-----
 Receipt # _____
 Certified by: _____

Please **PRINT** Clearly

STUDENT INFORMATION

Last Name:	First Name:	Middle Name:	Date of Birth:
Street Address, City, State, Zip Code:		Mailing Address, City, State, Zip Code:	What school are you zoned for?
Home Phone:	Gender: ____Male ____Female	Race/Ethnicity: ____ African-American ____ Asian-American ____ Caucasian ____ Hispanic-American ____ Language Spoken at Home (ESL) English Second Language	
Alternatate Phone:			
As of August 2017, what grade will your child be in? (check one)			
____Pre-K ____K ____1 ____2 ____3 ____4 ____5 ____6 ____7 ____8 ____9			

MEDICAL INFORMATION (if additional room is needed, please attach to this form)

Allergies (list): _____

Medical Conditions (list): _____

Medications: _____ Dosage: _____

Will medication be taken at school? ____yes ____no

Medications child is allergic to or cannot take (list): _____

MEDICAL RELEASE

I give the School permission to seek medical treatment for my child in the event of a medical emergency. I will be responsible for the cost of any emergency medical care provided for my child. ____YES ____NO

Insurance Carrier: _____ Policy Number: _____

PARENT/LEGAL GUARDIAN *EMERGENCY CONTACT INFORMATION*****

1. Name: _____ Relationship*: _____

Home Phone: _____ Work Phone: _____ Cell: _____

2. Name: _____ Relationship*: _____

Home Phone: _____ Work Phone: _____ Cell: _____

*If legal guardian is someone other than natural parent of this child, a copy of legal document must be on file.**PARENT/LEGAL GUARDIAN ***EMERGENCY CONTACT INFORMATION*** (continued)****Parent/Guardian 1: (Same as No. 1 on previous page)**

Email: _____

Employer: _____

Occupation: _____

Level of Education: ☐ High School ☐ 2 yr. College ☐ 4-yr. College**Parent/Guardian 1: (Same as No. 2 on previous page)**

Email: _____

Employer: _____

Occupation: _____

Level of Education: ☐ High School ☐ 2 yr. College ☐ 4-yr. College**Student lives with:****Name and Grade level of siblings that attend our school:****Name and Grade level of siblings that attend another school:**

Are you planning to enroll any of the above siblings list NOT attending HCA? _____ YES _____ NO

Grade student will be in at time of enrollment? _____ Are there any particular accommodations (speech, occupational therapy, 504, IEP) HCA should know about for this student to ensure the highest quality education?

If YES, please make an appointment with our curriculum coordinator Mrs. Morris at smorris@hcacs.net to prepare for your student's academic success.

Other information you feel is important for HCA staff to know to make your students learning environment the best fit.

People who may pick up my child from school or make medical decisions for my child:
(If additional room is needed, please attach to this form)

Name: _____ Phone: _____

Relation to student: _____

Pickup only _____ Medical only _____ Both _____

Name: _____ Phone: _____

Relation to student: _____

Pickup only _____ Medical only _____ Both _____

Name: _____ Phone: _____

Relation to student: _____

Pickup only _____ Medical only _____ Both _____

Name: _____ Phone: _____

Relation to student: _____

Pickup only _____ Medical only _____ Both _____

Name: _____ Phone: _____

Relation to student: _____

Pickup only _____ Medical only _____ Both _____

Name: _____ Phone: _____

Relation to student: _____

Pickup only _____ Medical only _____ Both _____

MEDIA RELEASE

I grant permission to the School to use photography of my child in promotional materials (slides, brochures, website, Facebook posters, etc.) or for release to the media (newspapers, magazines, television, etc.).

_____YES _____NO

I certify that the above information is accurate and complete. I understand that providing false and incomplete information will result in the exclusion of my child from the school. I also understand **all requested information and fees must be paid before enrollment is official.**



Parent/Legal Guardian's Signature

Print Name

Date

SPECIAL NEEDS QUESTIONNAIRE

(Please note this information will be kept confidential.)

Student's Name: _____

Grade Level: _____

PLEASE READ CAREFULLY:

Our School is fully committed to providing quality education to all our students. In order to process this application, we must know as much as possible about your child. It is very important to know if your child has received any special education services in the past. The fact that your child has been in a special education program will not keep him/her from being admitted.

Please answer the following questions:

1.) Is your child currently under any disciplinary action or probation from a previous school? _____
If so, please explain: _____

2.) Has your child ever been removed or expelled from a school? _____ Date(s): _____
If so, please explain: _____

3.) Has your child ever been retained or not promoted? _____ Grade Level: _____
If so, please explain: _____

I understand my student's records will transfer from the forwarding school, as well as any disciplinary infractions that may be on file.

Please check beside any statement that may apply to your child:

___ My child has an Individualized Education Program (IEP). Note: A copy of the current IEP must be submitted with this application along with the most recent psychological/speech/language/educational evaluations.

___ My child does not have an IEP but has been evaluated. Date: _____ Where? _____


___ I asked for my child to be evaluated for special education, but the evaluation has not been performed. If you have requested an evaluation for your child, what month and year was the request made: _____

___ My child receives services under 504 of the Rehabilitation Act of 1973. Note: A copy of the 504 Plan must be submitted with this application.

Please check any of the following services currently receives, or have received in the past:

___ Speech and Language	___ Resource Room	___ Counseling
___ Occupational Therapy	___ Self-Contained Classroom	___ Inclusion Services
___ Physical Therapy	___ Visually Impaired	___ Counseling
___ Deaf and Hard of Hearing		___ Adaptive Physical Education

___ **The above does not apply to my child.**

 **This form was completed and I certify that the information above is accurate. Failure to disclose previous academic & behavior infractions can jeopardize enrollment in the Summer Enrichment Program.**

Parent/Legal Guardian Signature: _____ **Date:** _____

Student's Name: _____ Grade (2017-2018): _____

Enrollment Eligibility is determined based upon the submission of all the information/documents listed on this form. ***This form must be completed and signed for enrollment consideration.*** The executive board reserves the right to review any student who has participated in any discipline/expulsion hearings while in attendance during the school year at HCA school.

The following supporting documents need to be completed or submitted with application:

_____ Special Needs Questionnaire	_____ Birth Certificate	_____ Legal Documents
_____ Release of Records Form	_____ Immunization Records	(if applicable)
<u> x </u> Social Security Card	_____ IEP/504	_____ School history/discipline
_____ Copy of Recent Report Card	(if applicable)	(discipline if applicable)

NOTIFICATION OF ACCEPTANCE/LOTTERY POLICY

After the March registration deadline, school staff will count all **COMPLETED** applications and documents. If the number of new applications received exceeds the number of seats available in a particular grade, a random lottery must be held. Parents will be notified of their acceptance.

Any seats that are still open after the lottery will be filled on a first come, first serve basis.


ENROLLMENT POLICY

All students applying for the current school year must provide all requested information and documentation, or enrollment will be denied. Enrollment in classes is limited and **cannot** be guaranteed for students who do not submit all requested documentation after the deadline. Enrollment will also be denied if all processing/activity fees are not paid. **Processing fees are non-refundable.**

I have read and understand the Enrollment Application Policy. I certify that the above information is accurate and complete. I understand that providing false and incomplete information will result in the exclusion of my child from the School.

***Please note that there is a \$35 per student/processing fee.**

Fees must be paid upon submission of this application. Processing Fee is Non-refundable.

 Parent/Legal Guardian Signature: _____ Date: _____

RELEASE OF RECORDS FORM for NEW STUDENT ENROLLMENT

I give permission to Horse Creek Academy to request school records for my child. I am asking all school records be released to the School.



Parent/Guardian Signature

Date

IMMEDIATE ATTENTION REQUEST FOR IMMEDIATE TRANSFER OF STUDENT RECORDS

To: School: _____

Address: _____

District: _____

Phone: _____ Fax: _____

From: _____

RE: Name of Student: _____

SSN: _____ DOB: _____

Pursuant to the General Appropriation Act, 2002 S.C. Act 289, Proviso 1.9, upon receipt of this notice, the sending school district is required to contact the receiving school district within three working days and send copies of the student's educational records to the receiving school district. This notice serves as a formal request that the records be transferred.



Signature of Representative

Date of Request