

Sugar Creek Charter School
4101 North Tryon St.
Charlotte, N.C. 28206
704-509-5470 Fax 704-921-1004
www.thesugarcreek.org

Registration Application for 2012-2013 School Year

(Registrations are not complete without copy of final report card and copy of EOG score for grades 3-7)

Grade applying for 2012-2013 academic year _____

Student Name _____

Student Gender: M F Date of Birth _____

Student Mailing Address:

Street # _____ Street Name _____

City _____ State _____ Zip Code _____

Student Home Address: _____

(If different from mailing address)

Student Home Phone Number _____

Student Ethnicity _____ Student Home Language _____

(Optional: Will not impact admission)

Sibling Information

Check one

Name: _____ Grade ____ Attending Now ____ Applying ____

Name: _____ Grade ____ Attending Now ____ Applying ____

Name: _____ Grade ____ Attending Now ____ Applying ____

Family Information

Mother/Guardian

Name _____

Work# _____

Cell# _____

Home# _____

Email _____

Father/Guardian

Name _____

Work# _____

Cell# _____

Home# _____

Email _____

List the name of the **school, grade,** and City/County your child have attended starting with the current school:

1. _____
2. _____
3. _____
4. _____

Does your child currently receive Special Education Services? Yes No

If yes, explain _____

Is your child Limited English Proficient (LEP) Yes No

Has your child been enrolled in an English Immersion Program sometimes called ESL? Yes No

Emergency Contacts (In Preferred Order of Contact)

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

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

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

Registration Agreement

I understand that by signing this form I am applying for enrollment for my child for the academic year of 2012-2013. Acceptance is pending space availability.

Signature of Parent/Guardian

Date

Medical Information

Name _____

Please circle any of the following medical conditions affecting your child.

Arthritis	Blood Disease	Ear Problems
ADD/Hyperactivity	Skin Disease	Ulcers
Seizure	Vision Problems	High Blood Pressure
Weight	Asthma	Kidney Disease
Hepatitis	Sickle Cell	Food Allergies
Others _____		

Explain any you have circled _____

List any allergies that affect your child: _____

Medication Policy

Your child's medication (prescription and non-prescription) must be registered with the school nurse. It must be in its original container and properly labeled with the student's name, physician's name, date of prescription, name of medication and dosage. Your child's doctor must complete a medication Order Sheet if medication must be given in school. Please contact the school nurse for a medication order sheet.

Medication _____ Time _____ Dosage _____

I authorize the school to assist my child in taking the above medication. I agree that I must supply the school with medication as deemed by my child's doctor. I will not hold any member of Sugar Creek Charter School liable when assisting my child with medication administration.

Parent/Guardian Signature

Date

**Sugar Creek Charter School
4101 North Tryon St.
Charlotte, N.C. 28206
Phone 704-509-5470 Fax 704-921-1004**

PERMISSION TO RELEASE SCHOOL RECORDS

Under the provision of section 99.30 of the Family Educational Rights and Privacy Act, this signed document authorizes the release of all school and health records for the student listed below. This school listed below (Previous School) has been named as the last school the student attended. The student's records will be kept on file at Sugar Creek Charter School. These Records will be subject to the confidentiality rules of the State of North Carolina. Only authorized personnel will have access to this student's record.

The student's prior school, as listed below, is required by the above provision to disclose all student's records, including but not limited to any Individualized Education Plan, Immunization Records, and medical history kept on record with student's records within 14 days from receipt of this from receipt of this form to the above address.

Student Name: _____

DOB _____

Last grade completed _____

Name of previous school attended _____

School's address _____

School's phone number _____

Parent signature _____

Transportation Application and Release Form

All student of the Sugar Creek Charter School who lives within the school's region are eligible for transportation services. Please fill out the following information below in order for your child's transportation needs to be assessed. A completed copy of this form is required for your child to be transported.

Student Information

Grade _____

Name _____

Address _____

Nearest cross street (major street) for the above address:

_____ and _____

Mother/Guardian

Father/Guardian

Name

Name

It is a Sugar Creek Charter School policy that all students, K-3, must be met at their bus stop by an adult or the student will be returned back to the school.

Parent/Guardian Signature

Date