# ENROLLMENT
# CHECKLIST

liberty
STEAM Charter School

**To enroll your scholar at Liberty STEAM Charter, complete the following forms:**

- ☐ Pages 1–8 of this Enrollment Packet
- ☐ Home Language Survey
- ☐ Consent to Release Records (if not already completed)
  We will request records from your scholar's previous school at the end of the current school year.

**In addition, please provide copies of the following:**

- ☐ Current Immunization Certificate
- ☐ Birth Certificate
- ☐ Two Acceptable Document for Proof of Residency (See list)
- ☐ Parent/Legal Guardian Driver's License or Identification Card
- ☐ Court-ordered Guardianship papers (if applicable)
- ☐ IEP/504/ Gifted/Speech plan (if available)
- ☐ ESOL/ELL plan (if available)

**Return all enrollment items on this checklist in one of the following ways:**

DROP OFF IN PERSON OR SEND BY MAIL TO: **117 North Main Street between 8 am and 4 pm M-F**

SCAN AND EMAIL TO: **enrollment@libertysteamcharter.org**

FAX TO: **803-938-9419**

# Liberty STEAM Charter **2021–22** ENROLLMENT

☐ *By completing this form, I attest that I have custody and educational authority for this child.*

## **STUDENT** INFORMATION Please print in all areas except signatures

LAST NAME | FIRST NAME | MIDDLE NAME | SUFFIX

☐ Female ☐ Male

PREFERRED NAME | GENDER | ENROLLING GRADE LEVEL

HOME ADDRESS | CITY | ZIPCODE

MAILING ADDRESS, IF DIFFERENT | CITY | ZIPCODE

### Ethnicity & Race

Is student Hispanic or Latino? ☐ Yes ☐ No

Race (CHECK ALL THAT APPLY):

☐ American Indian or Alaskan Native

☐ Native Hawaiian or Pacific Islander

☐ Asian ☐ Black ☐ White

### Birth Information

DATE OF BIRTH

PLACE OF BIRTH (CITY & STATE OR COUNTRY IF NOT US)

### Siblings

PLEASE LIST SIBLINGS ENROLLED IN Liberty STEAM Charter

FULL NAME | BIRTH DATE | GENDER

FULL NAME | BIRTH DATE | GENDER

FULL NAME | BIRTH DATE | GENDER

FULL NAME | BIRTH DATE | GENDER

If the child you are enrolling is homeless, migrant, or a runaway, check the appropriate box:

☐ Homeless ☐ Migrant ☐ Runaway

Does the student live in a foster home? ☐ Yes ☐ No

Does the student live in a group home? ☐ Yes ☐ No IF YES, WHICH GROUP HOME:_____

Is there a court order barring either parent from removing the student from school? ☐ Yes ☐ No

Do parents have shared (or joint) parental rights and responsibility? ☐ Yes ☐ No

Does one parent have court-ordered final decision-making authority regarding educational decisions for the student? ☐ Yes ☐ No

Is there a Temporary Restraining Order, Permanent Restraining Order, Order of No Contact, or other court order that restricts or impacts access to the student by anyone, including the other parent? ☐ Yes ☐ No

Please provide the school with a copy of any applicable court orders.

# PARENT/LEGAL GUARDIAN INFORMATION

**PRINT STUDENT'S FIRST NAME** **MIDDLE INITIAL** **LAST NAME** **DATE OF BIRTH**

STUDENT LIVES WITH: ☐ Both Parents ☐ Mother Only ☐ Father Only ☐ Grandparent ☐ Legal Guardian
☐ Both Parents Alternately ☐ Foster Parents ☐ Other Adult:_____

**Parent/ Legal Guardian #1** PARENT LISTED ON CHILD'S BIRTH CERTIFICATE OR COURT-ISSUED CUSTODY DOCUMENT

PARENT/GUARDIAN FIRST NAME LAST NAME RELATIONSHIP TO CHILD
☐ SAME AS CHILD

MAILING ADDRESS CITY STATE ZIPCODE

HOME PHONE # CELL PHONE # WORK PHONE # EMAIL ADDRESS

Does Parent/Legal Guardian #1 have custody? ☐ Yes ☐ No IF NO, PLEASE REMEMBER TO PROVIDE A COPY OF APPROPRIATE COURT DOCUMENTATION

**Parent/ Legal Guardian #2** PARENT LISTED ON CHILD'S BIRTH CERTIFICATE OR COURT-ISSUED CUSTODY DOCUMENT

PARENT/GUARDIAN FIRST NAME LAST NAME RELATIONSHIP TO CHILD
☐ SAME AS CHILD

MAILING ADDRESS CITY STATE ZIPCODE

HOME PHONE # CELL PHONE # WORK PHONE # EMAIL ADDRESS

Does Parent/Legal Guardian #2 have custody? ☐ Yes ☐ No IF NO, PLEASE REMEMBER TO PROVIDE A COPY OF APPROPRIATE COURT DOCUMENTATION

Is either parent or legal guardian on active duty in the military? ☐ Yes ☐ No

Is either parent or legal guardian on active duty in the reserves or national guard? ☐ Yes ☐ No

Has either parent or legal guardian worked as a civilian on federal property or live on federal property?
☐ Yes ☐ No

Are the student's parents migrant workers? ☐ Yes ☐ No

NOTE: Liberty STEAM Charter intends to use an automated phone message system for parent notifications. Out of respect for our families' schedules, phone calls are only made between 8 a.m. and 8 p.m. This system can also be utilized to send text alerts in the event of unexpected school closings, early dismissals, or emergencies. Text alerts can be sent at any time of day, but are only utilized in unusual or emergency situations, such as an early morning decision to delay or close school due to weather. Please indicate below which phone number you would like to utilize for parent messages. If you want to receive texts as described above, please provide one (or two) text-enabled cell phone numbers. Until this is implemented, we ask parents to subscribe to text message updates from December until June by texting @LSCSumter to 81010.

PHONE # 1 PHONE # 2

# **ACADEMIC** INFORMATION

**PRINT STUDENT'S FIRST NAME** **MIDDLE INITIAL** **LAST NAME** **DATE OF BIRTH**

ENROLLING GRADE LEVEL _____ ☐ STUDENT IS ENTERING ANY SCHOOL FOR THE FIRST TIME

NAME OF SCHOOL ATTENDED DURING THE 2019-2020 SCHOOL YEAR

SCHOOL'S CITY STATE COUNTY

TYPE OF SCHOOL: ☐ Public / Charter ☐ Private ☐ Homeschool ☐ Pre-K

DATES OF ATTENDANCE GRADE(S) ATTENDED

HAS STUDENT BEEN EXPELLED FROM A SC PUBLIC SCHOOL? ☐ Yes ☐ No

## Student Support Services Information

DOES THE STUDENT HAVE AN INDIVIDUAL EDUCATION PLAN (IEP)? ☐ Yes ☐ No

DOES THE STUDENT HAVE A 504 ACCOMMODATION PLAN? ☐ Yes ☐ No

DOES THE STUDENT RECEIVE ESOL/ELL SERVICES? ☐ Yes ☐ No

IF YES TO ANY QUESTION, PLEASE PROVIDE A COPY OF THE PLAN, IF AVAILABLE.

### Kindergarten Students ONLY

Check which best describes the last school/ childcare setting the student attended:

☐ None
☐ Family Child Care Center (Home-Based)
☐ Home w/ Family Member
☐ Center-Based Care / Head Start
☐ Home w/ Non-Family Member

### Kindergarten and 1st Grade students ONLY

I am aware that the entrance requirements for Kindergarten and 1st grade are as follows:

My child must be five years of age if enrolling in a kindergarten program or 6 years of age if enrolling in a 1st Grade on or before September 1 of the applicable school year.

PARENT INITIALS _____

# **HEALTH** INFORMATION

**PRINT STUDENT'S FIRST NAME** **MIDDLE INITIAL** **LAST NAME** **DATE OF BIRTH**

STUDENT'S PRIMARY CARE PROVIDER PHONE

OTHER PROVIDER & TYPE PHONE

ALLERGIES (LIST REACTIONS)

PLEASE LIST ANY TREATMENTS, PROCEDURES, MEDICATIONS, OR HEALTH MONITORING THAT YOUR STUDENT WILL NEED DURING THE SCHOOL DAY:

DOES YOUR STUDENT HAVE A MEDICALLY FRAGILE HEALTH CONDITION? ☐ Yes ☐ No

IF YES, PLEASE EXPLAIN

**Health History** (CHECK ALL THAT APPLY)

☐ ADD/ADHD ☐ Asthma ☐ Vision Accommodations ☐ Glasses ☐ Contacts ☐ Eczema/Psoriasis

☐ Freq. Ear Infections ☐ Cardiac Problems (Heart) ☐ Diabetes ☐ Seizures ☐ Headaches

☐ Freq. Nosebleeds ☐ Hearing Accommodation ☐ Hearing aids ☐ Mental Health (depression/anxiety)

☐ Other:_____

Students will receive non-invasive health screenings, vision, hearing, scoliosis, HT/WT/BMI.
If you DO NOT wish for your child to participate, initial the following:

_____ I do not wish to have my child participate in the screenings.

**Student Health Insurance** (CHECK ALL THAT APPLY)

☐ Medicaid ☐ CHIP (Children's Health Insurance Program) ☐ Private ☐ None

Student has a life-threatening allergy? ☐ Yes ☐ No

If Yes, what is the life-threatening allergy?_____

Student ever been referred for mental health services? ☐ Yes ☐ No ☐ Unknown

**Emergency Contact and Consent for Treatment**

Please list two contacts that will be called ONLY if you cannot be reached in an emergency.

FULL NAME RELATIONSHIP PHONE

FULL NAME RELATIONSHIP PHONE

Administration and/or school nurse may share health information with individuals who have responsibilities for my child. I authorize school officials to contact the person(s) name on this form and authorize the named physician to render to my child whatever emergency treatment deemed necessary. If the physician, other persons named above, or parent cannot be reached, the School Officials may take whatever action they deem necessary for the health of my child. I will not hold Liberty STEAM Charter responsible for the emergency care and/or transportation of my child. I will keep the school informed of any changes on this form.

PARENT/GUARDIAN SIGNATURE DATE

# STUDENT TRANSPORTATION PLAN

**PRINT STUDENT'S FIRST NAME** **MIDDLE INITIAL** **LAST NAME** **DATE OF BIRTH**

What additional persons are allowed to pick up your scholar?

MUST BE KEPT CURRENT – PLEASE CONTACT SCHOOL TO UPDATE

| FIRST NAME, MIDDLE INITIAL, LAST NAME | RELATIONSHIP TO STUDENT | DAYTIME TELEPHONE |
|---|---|---|
| | | |
| | | |
| | | |
| | | |

## Before completing an application, there are five key facts you should know about LSC.

**KEY FACT 1**: At Liberty STEAM Charter (LSC), we realize the stakes are high given that children only have one shot at a K-12 education. With that in mind, we believe that children need more time on task to achieve off-the-chart results. LSC will operate on an extended school year and extended school day.

The academic calendar for Liberty STEAM Charter provides a total of 190 days of instruction during the school year with each school day starting at 8 am and ending at 4 pm. Our calendar builds in additional breaks beyond Thanksgiving, Christmas, and Spring Break to include a fall and winter break as well as monthly staff development days where scholars do not attend.

_____ **I understand**

**KEY FACT 2:** LSC does not provide transportation. You do not have to be a Sumter County resident to attend LSC. However, families far and near must provide daily transportation to and from school for their scholars.

_____ **I understand**

**KEY FACT 3:** At LSC, scholars are required to wear uniforms. The first uniform will be provided to all newly admitted students.

_____ **I understand**

**Neither the actual uniform nor uniform policy has yet been decided. The first uniform will be provided free of charge to all scholars, but parents/guardians will be responsible for purchasing any additional uniforms from an online vendor.**

**KEY FACT 4:** LSC expects every family to participate in volunteer activities. We're all in this together and your presence inside our school helps us build our partnership. Every family will be asked to invest a minimum of 10 hours annually in activities taking place within our school community. These can include everything from eating lunch with scholars to helping teachers with class prep on weekend/after hours or even providing assistance with lawn care and landscaping.

_____ **I understand**

**KEY FACT 5:** LSC will offer Extended Day learning opportunities. Our optional Extended Day program is designed to provide a safe place for scholars to continue to be engaged socially and academically outside of the regular school day. Scholars will be able to complete their homework, receive a snack, and participate in additional STEAM enrichment activities - all on the campus of LSC.

_____ **I understand**

We are still in the planning stages of our after-school program, but we anticipate that it will offer scholars an opportunity to receive a light meal, access to teachers to complete homework assignments, and be exposed to additional STEAM enrichment activities. The program, if offered, will run from 4-6 pm when we have a full school day. Scholars will need to be picked up from campus no later than 6 pm. A cost, if any, for scholars to participate in the program has not yet been determined. For planning purposes, please indicate your preference below.
_____YES, I would like for my scholar to participate in the extended day programming (if offered).

_____NO, my scholar will not participate in the extended day programming.

# **STUDENT MEDIA** CONSENT AND RELEASE

Throughout the school year, students may be highlighted in efforts to promote Liberty STEAM Charter activities and achievements. For example, students may be featured in materials to train teachers and/or increase public awareness of our school through newspapers, radio, TV, the web, DVDs, displays, brochures, and other types of media.

☐ **I DO**, as the parent or guardian, hereby give Liberty STEAM Charter and its employees, representatives, and authorized media organizations permission to print, photograph, and record my child for use in audio, video, film, or any other electronic, digital and printed media.

This is with the understanding that neither Liberty STEAM Charter nor its representatives will reproduce said photograph, interview, or likeness for any commercial value or receive monetary gain for use of any reproduction/broadcast of said photograph or likeness. I am also fully aware that I will not receive monetary compensation for my child's participation.

☐ **I DO NOT** give Liberty STEAM Charter permission to print, photograph or record my child for use in audio, video, film or any other electronic, digital or printed media.

PRINT STUDENT'S FIRST NAME | MIDDLE INITIAL | LAST NAME

PARENT/GUARDIAN FIRST NAME | LAST NAME

PARENT/GUARDIAN SIGNATURE | DATE

# ACCEPTABLE DOCUMENTS FOR **PROOF OF RESIDENCY**

Please provide **TWO** of the following documents* displaying current address:

| | |
|---|---|
| Gas Bill | Real Estate Tax Bill |
| Electric Bill | Signed Lease |
| Water/Sewer Bill | Mortgage Document |
| Cable Bill | Current Real Property Assessment |
| Pay Check Stub | Military Housing Letter |
| Drivers License/State ID | Section 8 Letter |

* IF YOU ARE UNABLE TO PROVIDE ANY OF THE ABOVE DOCUMENTS, PLEASE PROVIDE A NOTARIZED RESIDENCY AFFIDAVIT INSTEAD. THESE AFFIDAVIT FORMS ARE AVAILABLE UPON REQUEST.

# **PARENT** ACKNOWLEDGMENT

The information provided is accurate to the best of my knowledge. Further, I understand it is my responsibility to notify the school in a timely manner related to changes in any information submitted in the contents of this enrollment packet including, but not limited to changes in residency, contact information and guardianship.

PRINT STUDENT'S FIRST NAME | MIDDLE INITIAL | LAST NAME

PARENT/GUARDIAN FIRST NAME | LAST NAME

PARENT/GUARDIAN SIGNATURE | DATE

# CONSENT TO **RELEASE RECORDS**

The Family Educational Rights and Privacy Act (FERPA) establishes certain rights for parents regarding the privacy of their child's educational record. While family members and other individuals serving in a parent's stead as caretaker may have an interest in the child's record, access to or release of the educational record is only by written parental consent. Parents may choose to complete and submit this FERPA Release Form to allow access or release of their child's educational record.

A release form must be completed for each individual to whom a parent wishes to authorize access/release of his/her child's educational records.

**I consent to release the following information to Liberty STEAM Charter:**

- Academic records
- Disciplinary records
- 504 Plan
- Individual Education Program
- All other information placed in my child's education record including, but not limited to, records pertaining to medical services, expulsions, suspensions, attendance, testing results, administrative notes, and special education.

## Acknowledgment and Signature

I acknowledge by my signature that I understand that, although I am not required to release my child's records, I am giving my consent to release the information. This release will remain in effect while my child is enrolled in Liberty STEAM Charter unless I revoke such consent.

| PRINT STUDENT'S FIRST NAME | MIDDLE INITIAL | LAST NAME |
|---|---|---|
| CHILD'S PREVIOUS SCHOOL | | CHILD'S DATE OF BIRTH |
| PARENT/GUARDIAN FIRST NAME | LAST NAME | |
| PARENT/GUARDIAN SIGNATURE | | DATE |

# Home Language Survey (HLS)

The Civil Rights Act if 1964, Title VI, Language Minority Compliance Procedures, requires school districts and charter schools to determine the language(s) spoken in each student's home in order to identify their specific language needs. This information is essential in order for schools to provide meaningful instruction for all students as outlined in Plyer v. Doe, 457 U.S. 202 (1982).

The purpose of this survey is to determine the primary or home language of the student. This survey is given to all students enrolled in the school district/charter school. The HLS is administered once, upon initial enrollment in South Carolina, and should remain in the student's permanent record.

Please note that the answers to the survey below are student-specific. If a language other than English is recorded for ANY of the survey questions below, the appropriate identification screening assessment will be administered to determine whether or not the student qualifies for additional English language development support.

**Please answer the following questions regarding the language spoken by the student:**

1. What is the language that the **student** first acquired? _____
2. What language(s) is spoken most often by the **student**? _____
3. What is the **primary language used in the home**, regardless of the language spoken by the student? _____

*4. In what language do you wish to have communication from the school? _____

**Student Name**: _____ **Grade:** _____
**Parent/Guardian Name:** _____
**Parent/Guardian Signature**: _____ **Date:** _____

Your signature above certifies that responses to the questions above are specific to your student. You understand that if a language other than English has been identified, your student will be tested to determine if they qualify for English language development services, to help them become fluent in English. If entered into the English language development program, your student will be entitled to services as an English learner and will be tested annually to determine their English language proficiency.

**For School Use Only:**

School personnel who administered and explained the HLS and the placement of a student into an English language development program if a language other than English was indicated

Name: _____ Date: _____

# Encuesta del idioma que se habla en el hogar (HLS)

El Título 6 de la Ley de Derechos Civiles de 1964, Procedimientos para el cumplimiento con los idiomas de las minorías, requiere que los distritos escolares y las escuelas chárter determinen el(los) idioma(s) que se hablan en los hogares de cada estudiante para identificar sus necesidades específicas de lenguaje. Esta información es esencial para que las escuelas brinden una instrucción significativa a todos los estudiantes, como se indica en Plyler v. Doe, 457 U.S. 202 (1982).

El propósito de esta encuesta es determinar el idioma materno o del hogar del estudiante. Se debe dar la encuesta HLS a todos los estudiantes inscritos en el distrito escolar/escuela chárter. La encuesta HLS se administra una vez, al momento de la inscripción inicial en Carolina del Sur, y permanece en el registro permanente del estudiante.

Tome en cuenta que las respuestas a la encuesta que se encuentra a continuación son específicas para cada estudiante. Si se registra algún otro idioma aparte del inglés para CUALQUIERA de las preguntas de la encuesta a continuación, se administrará la prueba W-APT para determinar si el estudiante califica para apoyo adicional en el desarrollo del idioma inglés.

### Por favor, conteste las siguientes preguntas acerca del idioma que habla el estudiante:

1. ¿Cuál es el idioma materno del **estudiante**? _____
2. ¿Qué idioma o idiomas habla el **estudiante** más seguido? _____
3. ¿Qué idioma o idiomas habla el **estudiante** en su casa? _____

4. ¿En qué idioma desea usted recibir comunicación de la escuela? _____

**Nombre del estudiante:**_____ **Grado:**_____

**Nombre del Padre/Madre o Tutor**_____

**Firma del Padre/Madre o Tutor**_____ **Fecha:**_____

Al firmar aquí, usted hace constar que las respuestas a las tres preguntas de arriba son específicas para su estudiante. Usted comprende que si se ha identificado un idioma aparte del inglés, se le darán pruebas a su estudiante para determinar si califica para servicios de desarrollo del idioma inglés, para ayudarle a obtener fluidez en inglés. Si ingresara en el programa de desarrollo del idioma inglés, su estudiante tendrá derecho a recibir servicios como aprendiz de inglés y se le tomará una prueba anualmente para determinar su dominio del idioma inglés.

**Sólo para uso escolar:**

School personnel who administered and explained the HLS and the placement of a student into an English language development program if a language other than English was indicated:

Nombre:_____ Fecha:_____