

Anderson Creek Academy

Telephone 910-814-9001 Fax 910-814-9002

4940 Ray Road Spring Lake, NC 29830

Website www.acacharter.com

“Opening minds to life-long learning”



Mary Majors, Ed.D
Head of School

Monica Kuznar, M. Ed, MSA
Assistant Principal

Dear Parent(s)/Guardian(s):

Welcome to ACA! Your child is currently accepted to enroll in Anderson Creek Academy for the 2018-19 academic school year. On **Tuesday, March 27** we will hold open sessions to receive your required enrollment documentation for the upcoming school year. These sessions are to receive your required documents ONLY. (No tours or activities for children.) Please refer to the schedule posted on our website and select the time that is best for your schedule. If unable to attend one of the scheduled sessions, please call the school office to schedule an appointment to turn in your required documentation.

PLEASE BRING THE FOLLOWING REQUIRED DOCUMENTATION:

Check List

Certified copy of child’s Birth Certificate		
Proof of Residency	Utility Bill, lease, mortgage or bank statement, etc.	
Copy of Current Immunization Record		
NC Health Transmittal Form	Must bring completed form or date of appointment documented by health provider.	
Completed Student Enrollment Packet	Download Enrollment Packet from ACA Website or pick up from school office.	

Feel free to contact us if you have questions or concerns. You may call the office or email shawm@acacharter.com. We look forward to seeing you.

Sincerely,

Marianna H. Shaw RN, BS, NCSN
Marianna H. Shaw, RN, BS, NCSN
School Nurse/Registrar

Cindy Daniello
Cindy Daniello
IT Specialist

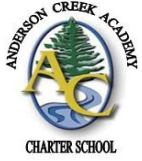
Student Identification No. _____ Student Last Name _____

(Official Use Only)

ANDERSON CREEK ACADEMY

STUDENT ENROLLMENT/PERSONAL DATA

***THIS FORM MUST BE COMPLETED BY PARENT OR LEGAL GUARDIAN**



Date: _____

Demographic Information

Student Name: _____ Date of Birth: _____

Last, First, Middle

Grade in **2017-18** School Year: _____ School Attended in **2017-18**: _____

School Name

Gender: Male Female

School Address

County of Residence: _____ School District Residence: _____

Home Address: _____

Street Number/Name

Apt/Suite

City/State/Zip

Mailing Address (if different): _____

Street Number/Name

Apt/Suite

City/State/Zip

Home/Primary Phone: _____ Text Messages? Yes No Unlisted Number?: Yes No

Primary/Guardian Email: _____

U.S. Citizenship Status

Country of Birth: _____

Is student a U.S. Citizen? Yes No If no, please identify immigration status:

Ethnicity: Is student Hispanic or Latino? Yes No

Race: American Indian or Alaska Native _____ Asian _____ Black _____

Native Hawaiian/Other Pac Islander _____ White _____

Parent/Guardian Information

Student lives with: _____ Relationship: _____

****Legal Documentation of Custody and/or Guardianship must be provided.**

Father/Guardian Name (Last, First): _____

Father's Day Phone: _____ Employer: _____

Father's Home Phone: _____ Email: _____

Father's Highest Grade Completed: _____

Mother/Guardian Name (Last, First): _____

Mother's Day Phone: _____ Employer: _____

Mother's Home Phone: _____ Email: _____

Mother's Highest Grade Completed: _____

Student Identification No. _____ Student Last Name _____

(Official Use Only)

Names/Ages of other children in the family

Name: _____ Age: _____

Name: _____ Age: _____

Name: _____ Age: _____

Name: _____ Age: _____

Home Language

What language did student learn to speak first? _____

What language does the student speak most often? _____

What language is spoken most often in the home? _____

Medical/Emergency Information

Doctor's Name: _____ Phone: _____

Is student covered by Medical Insurance? Yes No

Insurance Carrier and card number: _____

Dentist's Name: _____ Phone: _____

Is student Covered by Dental Insurance? Yes No

Dental Carrier and card number: _____

Does student have any health problems of which we should be aware? (Check all that apply)

Allergy (Allergic to _____) Life Threatening? Yes No EpiPen? Yes No

Asthma Diabetes Heart Condition Sickle Cell Seizures/Epilepsy Stomach Problems

Hearing Problems Vision Problems Skin Disorder Eye Problems Ear Problems

Other _____

Special Devices (Specify) _____ Skilled Procedures (Specify) _____

Is student taking any prescription medicine? Yes No Will medication be taken at school? Yes No

****Must have current Request for Medication Form completed and signed by Physician and parent on file. Parent must bring medication and check it in through the Front Office or Nurse.**

Military Connected Students

Is student Military connected? Yes No

Which immediate family member? Check all that apply:

Father Guardian

Mother Sibling

Stepfather Other

Stepmother

Branch of Service? _____

What is the status?

Active Duty Veteran

National Guard Foreign Military

Reserves Active Reserve/Guard

Retired Military Deceased

Disabled Veteran Deceased - Killed in Action

Federal Civil Service Employee

Grade: _____ Installation: _____

Unit/Squadron: _____ Assigned Post Location: _____

Student Identification No. _____ Student Last Name _____

(Official Use Only)

Basic School Information

Has student been suspended or expelled from school? ___ Yes ___ No

Is student receiving free or reduced price meals? ___ Yes ___ No

Is student receiving special education services? ___ Yes ___ No

If yes, what services? _____

Does student have an Individual Education Plan (IEP)? ___ Yes ___ No

Has student been placed in an Exceptional Children Program? ___ Yes ___ No

Does student have a 504 Plan? ___ Yes ___ No

Has student been placed in an academically/intellectually gifted Program? ___ Yes ___ No

Permission for use of photographs of my child that may be used for publication, newspaper articles, etc. related to Anderson Creek Academy. ___ Yes ___ No

Emergency Contacts

Mother will be first contact and Father second. ___ Yes ___ No

If No, instructions: _____

Contact #3

Name: _____ Relationship to Student: _____

Address of Contact: _____

Contact Numbers: Home: _____ Cell: _____ Work: _____

Language Spoken: _____

Can pick up student from school? ___ Yes ___ No

Contact #4

Name: _____ Relationship to Student: _____

Address of Contact: _____

Contact Numbers: Home: _____ Cell: _____ Work: _____

Language Spoken: _____

Can pick up student from school? ___ Yes ___ No

Contact #5

Name: _____ Relationship to Student: _____

Address of Contact: _____

Contact Numbers: Home: _____ Cell: _____ Work: _____

Language Spoken: _____

Can pick up student from school? ___ Yes ___ No

PARENT ACKNOWLEDGES THE INFORMATION OBTAINED ABOVE WILL BECOME A PERMANENT PART OF THE STUDENT RECORD. THIS RECORD MAY REQUIRE UPDATING FROM TIME TO TIME.

DATE: _____

Parent Signature

Parent Name (Print)

ANDERSON CREEK ACADEMY

HOME LANGUAGE SURVEY

The Home Language Survey below is needed for every student enrolled in Anderson Creek Academy in order for school personnel to determine those students who will need further assessment for assistance in the English Language.

Please answer the following questions and return this form with your child's Enrollment Packet. Thank you your cooperation.

Name of Student _____ Date of Birth _____
(Last) (First) (MI)

Grade _____

	English (Please Check)	Other (Name of Language)
1. What language did your son or daughter learn when he or she first began to talk?		
2. What language does your son or daughter most frequently use at home?		
3. What language do you most frequently speak to your son or daughter?		
4. What is the language most often spoken <u>by the adults in the home.</u>		

Signature of Parent/Guardian Date

ANDERSON CREEK ACADEMY

ENCUESTA SOBRE EL IDIOMA QUE SE HABLA EN CASA

Es necesario que cada estudiante matriculado en Anderson Creek Academy conteste la siguiente encuesta, esto nos ayudara a identificar a aquellos estudiantes que necesitaran ayuda en el idioma de inglés.

Por favor, conteste y regrese esta forma con el paquete de matriculación de su hijo(a). Gracias por su cooperación.

Nombre del estudiante _____
Apellido Primer Nombre Segundo Nombre

Fecha de Nacimiento _____

Grado _____

	Ingles	Otro (Nombre del idioma)
1. ¿Qué idioma empezó a hablar su hijo(a)?		
2. ¿Qué idioma habla su hijo(a) con más frecuencia en casa?		
3. ¿Qué idioma habla Ud. Con su hijo(a) con más frecuencia?		
4. ¿Qué son los idiomas hablados por <u>los adultos en casa en más frecuencia.</u>		

Firma del Padre o Tutor(a)

Fecha

ANDERSON CREEK ACADEMY

OPTIONAL INCOME SURVEY

THIS INCOME SURVEY IS OPTIONAL TO PARENTS. THE SCHOOL COLLECTS THIS INFORMATION TO DETERMINE ITS ELIGIBILITY FOR E-RATE SERVICES (TECHNOLOGY PROGRAM SUPPORT) FROM THE UNIVERSAL SERVICES CORPORATION OF THE FEDERAL COMMUNICATIONS COMMISSION. THIS INFORMATION IS ALSO USED BY THE SCHOOL IN PLANNING FOR OTHER SERVICES TO STUDENTS.

1. SIZE OF FAMILY – Please indicate the total number of individuals in your household, including all adults and children. _____
2. STUDENT INFORMATION – Please complete below for each student at Anderson Creek Academy.

Last Name	First Name
1.	
2.	
3.	
4.	
5.	
6.	

3. TOTAL HOUSEHOLD INCOME – Please report all members of household:

<u>Type of Income</u>	<u>Job 1</u>	<u>Job 2</u>	<u>Check if no Income</u>
1. Gross monthly earnings, wages, salary, commissions	\$	\$	<input type="checkbox"/>
2. Monthly assistance payments, child support, alimony	\$	\$	<input type="checkbox"/>
3. Monthly payments from pensions, retirement, social security	\$	\$	<input type="checkbox"/>
4. Monthly dividends or interest on savings	\$	\$	<input type="checkbox"/>
5. Monthly worker's compensation or unemployment	\$	\$	<input type="checkbox"/>
6. Other Monthly (SSI, VA, Disability, Farm, Other)	\$	\$	<input type="checkbox"/>
Total for Columns Job 1 and Job 2	\$	\$	<input type="checkbox"/>

The information above is true and correct.

Date: _____

Signature

Name (Print)



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:





January 2016rev

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:

