

(School Office Use Only)

Student Last, First: _____

Student Grade: _____

Student UID# _____

Current Grade Information

Current Grade Level 20-21 School Year _____

Has the Student Ever Attended a North Carolina School? Yes ___ No _____

Name of the Previous School _____

Address of Previous School _____

Phone # of Previous School (if possible) _____

Was the learning virtual, hybrid or totally in school (choose one)

Parent/Guardian Information:

Mother's Name: _____

Mother Lives with Student (Y)(N) / Mother Speaks English (Y)/(N)

Address _____

HomePh# _____ CellPhone # _____

Email _____

Father's Name _____

Father Lives with Student (Y/N) Father Speaks English (Y/)

Address _____

Home Phone # _____ Cell Ph# _____ Email _____

Child lives primarily with (Mother/ Father/ Both) _____

Mother's Employer _____

Work Phone # _____

Father's Employer _____

(School Office Use Only)

Student Last, First: _____

Student Grade: _____

Student UID# _____

Work Phone # _____

ESL 1

HOME LANGUAGE SURVEY

Anderson Creek Academy



- All students—Complete HLS and file in Cum Folder.
- If the answer to any question is a language other than English, put a copy in the ESL teacher's box.
- Complete everything within 5-7 days.

For Office Use Only

- Administer to all newly enrolled students in Anderson Creek Academy. It is the school's responsibility to make sure the Home Language Survey is administered to all K-5 students regardless of the language they speak at the time of enrollment.
- Administer the survey in person when possible to be sure the parent/guardian understands the questions. **Obtain the signature of the person who completed the survey.**
- Place the original copy in the student's cumulative folder.

These students are considered language minority students. They will be assessed to determine if they are limited English proficient and require English as a Second Language services.

DATE	SCHOOL	GRADE	MALE	FEMALE	RACE
_____	_____	_____	_____	_____	_____
STUDENT'S LAST NAME		FIRST NAME	MIDDLE NAME		
_____	_____	_____	_____	_____	_____
COUNTRY OF BIRTH/ORIGIN	DATE OF BIRTH	MILITARY	HOMEROOM TEACHER		
_____	_____	_____	_____		

QUESTIONS FOR PARENTS OR GUARDIANS*

1. Is your child's first-learned or native language anything other than English? YES ___ NO___
2. Which language did your child learn when he/she first began to talk? _____
3. What language does your child most frequently speak in the home? _____
4. What language does your child most frequently speak at school? _____
5. What language do you most frequently speak to your child? (Father)(Mother) _____

(School Office Use Only)

Student Last, First: _____

Student Grade: _____

Student UID# _____

* If a language other than English is determined to be the home language, the student will be administered a test to determine English language proficiency- unless an academic record review provides evidence that the student is not LEP.

If you responded with a language other than English to question 1-4, please answer the following questions:

6. Please describe the language understood by your child. (Check only one)

- A. Understands only the native language and no English.
- B. Understands mostly the native language and some English
- C. Understands the native language and English equally.
- D. Understands mostly English and some of the native language.

7. How many years has the student attended school in the United States? _____

8. What month and year did the student enroll for the first time in US schools?

9. Has the student ever attended a school in North Carolina? Y/N (If Yes, then)

<i>School(s)</i>	<i>Grade(s) Attended</i>
<i>Year(s)</i> _____	_____

10 What school did the student attend last?

.

<i>School County</i>	<i>State/Country</i>
_____	_____

<i>Signature of person completing survey</i>

To Parent or Guardian: Before continuing with enrollment forms, please sign on the line above.

(School Office Use Only)

Student Last, First: _____

Student Grade: _____

Student UID# _____

School Information

Was this student in a special education class for all or part of the school day Yes / No

Does this student have a current IEP? Yes/ No

Did this student ever have an IEP Yes/ No

Does this student have an IHP Yes/No

Does this student have or has had in the past a 504 plan? Yes/No

Does this student have a current Gifted and Talented Plan Yes/No

Does this student participate in English as a Second Language Program? Yes/No

Has this student ever been suspended or expelled from school Yes/No

Permission for use of photographs/videos/ newspaper articles, etc.of my child that may be used for publicity purposes related to Anderson Creek Academy Yes/No

Is the Student currently receiving free or reduced price meals Yes/No

Other Children in the Home

Name	M/F	Birth Date	Relationship/Sibling	Other

(School Office Use Only)

Student Last, First: _____

Student Grade: _____

Student UID# _____

Emergency Contact Information/ Permission for Pick Up

If Parents cannot be reached, who would you like to be contacted

First Contact Name: _____ Relationship _____

Address _____ City/St _____ Zip Code _____

Home Phone _____ Cell Phone _____

Employer: _____ Work# _____

Second Contact Name: _____ Relationship _____

Address _____ City/St _____ Zip Code _____

Home Phone _____ Cell Phone _____

Employer _____ Work # _____

Third Contact Name: _____ Relationship _____

Address _____ City/St _____ Zip Code _____

Home Phone _____ Cell Phone _____

Employer _____ Work # _____

Fourth Contact Name: _____ Relationship _____

Address _____ City/St _____ Zip Code _____

Home Phone _____ Cell Phone _____

Employer _____ Work # _____

(School Office Use Only)

Student Last, First: _____

Student Grade: _____

Student UID# _____

Military Connected

Does parent/Guardian work for any federally connected services _____ Yes/No

Does a parent/guardian work on a military base _____ Yes/No

Does a parent/guardian serve in a Branch of Service _____ Yes/No

Which immediate family member (Check all that apply):

Father

Mother

Stepfather

Stepmother

Guardian

Sibling

Other (Please note which) _____

Branch of Service? _____

What is the Status?

Active Duty

National Guard

Reserves

Disabled Veteran

Deceased

Veteran

Foreign Military

Active Reserve/Guard

Federal Civil Service Employee

Deceased -Killed in Action

Grade: _____ Installation: _____

Unit/Squadron: _____ Assigned Post Location _____

(School Office Use Only)

Student Last, First: _____

Student Grade: _____

Student UID# _____

Medical

Does this student have any of the following medical conditions? (Please check all that apply)

___ Asthma

___ Diabetes

___ Seizures

___ High Blood Pressure

___ Hemophilia

___ Shunt

___ Skin Disorder

___ Stomach Disorder

___ Nosebleeds

___ ADD/ADHD

___ Allergies(Life Threatening (Y/N)

___ Epi-Pen (Y/N)

___ Sickle Cell

___ Hearing Disorder

___ Vision Disorder

___ Other (Must Specify Below)

This includes skilled services)

Is this student currently taking any medication, prescription or otherwise? (Y/N)

**Parent/Guardian- Please see the School Nurse's office for more information if your student is taking any medication. We must have a *Request for Medication Administration* form on file plus an *Emergency Action Plan* (If applicable) on file at the school plus a prescription properly labeled in order to give any medication to your student. Students are not allowed to self carry any medication in school. Parents or legal guardians must bring all medications to school and sign them in and sign to remove them at the end of the school year.

(School Office Use Only)

Student Last, First: _____

Student Grade: _____

Student UID# _____

Optional Income Survey

THIS INCOME SURVEY IS OPTIONAL TO PARENTS/GUARDIANS. 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

(School Office Use Only)

Student Last, First: _____

Student Grade: _____

Student UID# _____

3) **TOTAL HOUSEHOLD INCOME**- Please report for all members of household:

Optional Survey

Type of Income	Job # 1	Job #2	Check if No Income
Gross Monthly Earnings, Wages,Salary,Commission	\$	\$	<input type="checkbox"/>
Monthly Assistance Payments,Child Support,Alimony	\$	\$	<input type="checkbox"/>
Monthly Payments from Pension,Retirement, Social Security	\$	\$	<input type="checkbox"/>
Monthly dividends or interest on savings	\$	\$	<input type="checkbox"/>
Monthly Unemployment,SSI,Disability, Etc.	\$	\$	<input type="checkbox"/>
Total for Column 1 and Column 2	\$	\$	<input type="checkbox"/>

The Above Information is true and correct.

Date _____

Name (Print) _____

Signature _____

(School Office Use Only)

Student Last, First: _____

Student Grade: _____

Student UID# _____

Before and After School Care

Are you interested in Before and After School Care ? (**Adventure Club**) Y/N

Are you interested only in our Before School Program (Morning Program)-**Adventure Club** (6-8 AM) Y/N

Are you interested only in our After School Program (**Adventure Club**) (Afternoons 3:30-6 PM) Y/N

Please note that before and after school care is available when school is in session for students.

Information as to pricing and payment is available on our website.

ADDITIONAL DOCUMENTS NEEDED FOR ENROLLMENT

In addition to the Enrollment Information requested above, you will also need to have the following documents uploaded to us before your child can complete enrollment into the school.

- Copy of Certified Original Birth Certificate
- Current (in date) Drivers License or other acceptable form of identification of the parent or guardian enrolling the student. This would include a passport, military ID or State Issued ID.
- Proof of Residency, to include **one** of the following:
 - Mortgage or Lease Agreement
 - Property Tax Bill (must be most current)
 - Utility Bill in the name of the parent/guardian and assigned to the the residence the child is using to enroll
- Copy of Current and Complete up to date Immunizations
- Current physical examination recorded and signed by the child's Healthcare practitioner on an official NC Health Transmittal form (downloadable from our website) and must be within the last 360 days.
- ACA Health History (downloadable from our Website). This form allows a parent or guardian to update yearly (or as often as necessary) any medical, or other personal information they wish Anderson Creek Academy to keep on file for emergencies.

Enrollment Forms are due to us by Fax or Email within 7 days after you confirm your attendance and when they are complete and correct, you will be contacted for a brief appointment with our Registrar's Office. For that appointment please bring a certified copy of the child's birth certificate, as well as the above documents listed. We will copy and return any documents to you before you leave the appointment. Any questions you have concerning Enrollment, please call our office at any time during school hours.

(School Office Use Only)

Student Last, First: _____

Student Grade: _____

Student UID# _____

Soon after school begins, your child will bring home a manila envelope with some short additional paperwork to return to the school as soon as possible. The paperwork includes the following:

- A Colored card for emergency contacts and pick up information that will be kept in the front office for staff to use for situations that require prompt action. If contacts change or you move, please request another card to fill out.
- Telephone Consumer Protection Act Notification Form
- Internet/Computer Student Use Agreement (for Chromebook)
- Parent Permission to Photograph/Video Student for School use only
- Volunteer Registration Form

We Thank you for choosing Anderson Creek Academy for your child's Education.