

MIDLANDS STEM INSTITUTE - PUBLIC CHARTER SCHOOL
Enrollment Package for 2023-2024 School Year

If you have any questions, are unable to complete any sections of the enrollment package, need help completing the process, or are missing any pages (see the checklist below) please contact our office. You can reach MSI at 803-815-1524 or via email at info@midlandsstem.org

Midlands STEM Institute (MSI) does not discriminate on the basis of race, gender/orientation, religion, disability, age, ethnicity, national origin or immigrant status in its programs and activities, and provides equal access to the Boy Scouts and other designated youth groups. All students residing in South Carolina are eligible to apply. MSI is a public school and does not charge tuition.

Student Name _____ GRADE: PK4 K5 1 2 3 4 5 6 7 8 9 10 11 12
Last First Middle

Check off each item as completed and keep in the same order:

- This Checklist – with all boxes checked
- Please write student name and grade on the top right corner of each page.
- Enrollment Form (pages 2, 3, & 4)
- Family Volunteer Information (page 5)
- Request for Records (page 6)
- FERPA Form (page 7)
- Parent/Guardian Agreement (page 8)

Attachments (Enrollment not complete without all attachments):

- Copy of Birth Certificate
- Copy of Social Security Card
- Copy of Certificate of Immunization
- Proof of Residency of South Carolina: MSI requires **one** proof of residency from either **category A** and **category B**.
 - Category A.** Copy of one of the following: rental or lease agreement or proof of home ownership such as purchase agreement, property tax or mortgage, bill of sale, or property title.
 - Category B.** Copy of one of the following: Current utility, cable, water, electric bill or photo ID.

Email (info@midlandsstem.org), US mail, or hand deliver to MSI office the completed enrollment package with all required documentation to:

Midlands STEM Institute
112 Crane St.
Winnsboro, S.C. 29180
Attn: Admissions
Office hours: Mon. thru Fri. 8:00am to 3:30pm
Summer office hours: Mon. thru Thur. 8:00am to 5:00pm

Student Name: _____
2023-2024 Grade: _____



PUBLIC CHARTER SCHOOL

FOR OFFICE USE ONLY

- Enrollment Form
- Family Volunteer Information
- Request for records
- Media Release Form
- Parent/Guardian Agreement
- Student Interests Page
- Internet Usage Contract
- Copy of Birth Certificate
- Copy of Social Security Card
- Copy of Certificate of Immunization (or exemption form)
- Proof of Residence (Category A and B)
- Computer Lease or Loan Form (if applicable)

Date Received: _____

2023-2024 ENROLLMENT FORM

PERMANENT RECORDS (please print clearly)

STUDENT INFORMATION

STUDENT NAME:

(LAST) (FIRST) (MIDDLE) (SUFFIX: Jr., Sr., III, etc.)

GRADE ENTERING 2023-2024 (CIRCLE ONE): Pk4 K5 1 2 3 4 5 6 7 8 9 10 11 12

AGE: BIRTH DATE: SOCIAL SECURITY NUMBER:

GENDER: Male Female PRIMARY LANGUAGE:

REQUIRED RACE CODES: If not completed, school personnel are required to make a selection. Multiple races may be chosen.

- African American
- African American/American Indian
- American Indian
- Asian
- Hawaiian/Pacific Islander
- Hispanic
- White/African American
- White/American Indian
- White/Asian
- White

Current School Attending:

Public School Zoned to Attend:

IS YOUR CHILD CURRENTLY RECEIVING FREE OR REDUCED LUNCHES? YES NO

HAS YOUR STUDENT STUDIED A FOREIGN LANGUAGE? YES NO

WHICH LANGUAGE(S) AND HOW MANY YEARS?

SPECIAL EDUCATION:

IS STUDENT CURRENTLY RECEIVING SPECIAL EDUCATION SERVICES OR HAVE AN IEP (Individualized Education Program)? YES NO

IF YES, PLEASE SPECIFY: RESOURCE INCLUSION SELF-CONTAINED

IF YES, PLEASE ID AREA(S):

LD ED EMD VISUALLY IMPAIRED HEARING IMPAIRED OTHER:

DOES STUDENT PARTICIPATE IN A DESIGNATED GIFTED & TALENTED PROGRAM? YES NO

NAME OF PROGRAM:

HAS YOUR CHILD REPEATED A GRADE? NO YES IF YES, WHICH GRADE(S):

IS THERE A POSSIBILITY THE STUDENT WILL NOT BE PROMOTED TO THE NEXT GRADE THIS YEAR? YES NO

HAS THE STUDENT EVER BEEN EXPELLED? YES NO

IS THE STUDENT CURRENTLY UNDER EXPULSION PROCEEDING? YES NO

DID THE STUDENT LEAVE HIS/HER PREVIOUS SCHOOL DUE TO SPECIAL PROBLEMS (such as discipline, attendance, and/or academics)? YES NO

IF YES, PLEASE EXPLAIN:

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Student Name: _____
2023-2024 Grade: _____

STUDENT SIBLING/FAMILY INFORMATION

NAME AND GRADE OF SIBLINGS ENROLLED OR ENROLLING IN MSI:

Sibling 1: _____ Grade: _____

Sibling 2: _____ Grade: _____

Sibling 3: _____ Grade: _____

NAME OF PARENT(S) / GUARDIAN(S) STUDENT LIVES WITH: _____

IF GUARDIAN, PROOF OF GUARDIANSHIP: _____

RELATIONSHIP TO STUDENT: _____

PARENT/GUARDIAN 1 (PRIMARY CONTACT)

NAME: _____
(FIRST) (MIDDLE) (LAST)

ADDRESS: _____

CITY: _____ STATE: _____ ZIP CODE: _____

MAILING ADDRESS (if different from above): _____

CITY: _____ STATE: _____ ZIP CODE: _____

HOME PHONE: _____ CELL: _____

EMAIL: _____

MAY MSI PUBLISH YOUR PHONE NUMBERS IN THE SCHOOL DIRECTORY? YES NO

MAY MSI PUBLISH YOUR EMAIL ADDRESS IN THE SCHOOL DIRECTORY? YES NO

PARENT/GUARDIAN 2

NAME: _____
(FIRST) (MIDDLE) (LAST)

ADDRESS: _____

CITY: _____ STATE: _____ ZIP CODE: _____

MAILING ADDRESS (if different from above): _____

CITY: _____ STATE: _____ ZIP CODE: _____

HOME PHONE: _____ CELL: _____

EMAIL: _____

MAY MSI PUBLISH YOUR PHONE NUMBERS IN THE SCHOOL DIRECTORY? YES NO

MAY MSI PUBLISH YOUR EMAIL ADDRESS IN THE SCHOOL DIRECTORY? YES NO

OPTIONAL STUDENT PROGRAMS (FEES MAY APPLY)

ARE YOU INTERESTED IN AFTER SCHOOL CARE PROGRAMS? YES NO

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Student Name: _____
2023-2024 Grade: _____

STUDENT HEALTH INFORMATION

PRIMARY PHYSICIAN: _____ PHONE: _____

DENTIST: _____ PHONE: _____

HEALTH INSURANCE COMPANY: _____ GROUP / ID #: _____

EMERGENCY CONTACT _____ RELATIONSHIP: _____

ADDRESS: _____ PHONE: _____

DOES YOUR CHILD HAVE A 504 HEALTH PLAN TO COORDINATE REQUIRED SERVICES? YES NO

DOES YOUR CHILD WEAR: PRESCRIPTION GLASSES CONTACT LENS HEARING AID
 OTHER: _____

PLEASE DESCRIBE ANY HEALTH CONCERNS WE SHOULD BE AWARE OF LIKE ALLERGIES:

OTHER INFORMATION OR CONCERNS YOU WOULD LIKE TO BRING TO THE ADMINISTRATION OR FACULTY ATTENTION:



PUBLIC CHARTER SCHOOL

MSI FAMILY VOLUNTEER FORM

Families are critical to the success of charter schools. MSI understands that families want to be involved and help in any way possible. Below is a list of areas where volunteers can help create the best learning environment for all children at Midlands STEM Institute Public Charter School. We encourage you to select all areas of interest and those where your specific skills and talents can be best utilized.

Volunteer Name: _____ Best Contact Info: _____

Volunteer Name: _____ Best Contact Info: _____

Volunteer Name: _____ Best Contact Info: _____

- Parent Teacher Organization (PTO)
- Before School Program
- After School Program
- Athletic Booster Club-Future Project
- Landscaping and/or outside projects
- Student extra-curricular activities (lego robotics, student government, clubs, sports, cheering)
- Finance Committee (long term planning for MSI)
- Classroom Project Helpers/Party Planners
- Assist with technology needs of the school
- Mentor or tutor students before or after school
- Administrative Support (data entry, filing, stuffing envelopes)
- Attend charter school related trainings
- Other (Please specify): _____

Please list anything else you would like to help with, any special skills or access to resources, and ideas you want to share.



PUBLIC CHARTER SCHOOL

REQUEST FOR RELEASE OF RECORDS

Please forward the following information, as applicable:

- | | | |
|---|---|--|
| <input checked="" type="checkbox"/> Transcript | <input checked="" type="checkbox"/> Attendance Record | <input checked="" type="checkbox"/> IEP/Due process folder |
| <input checked="" type="checkbox"/> Withdrawal Form | <input checked="" type="checkbox"/> Psychological | <input checked="" type="checkbox"/> CCSD permanent file |
| <input checked="" type="checkbox"/> 504 plan | <input checked="" type="checkbox"/> Standardized test scores | <input type="checkbox"/> Student has a IEP |
| <input checked="" type="checkbox"/> Discipline Record | <input checked="" type="checkbox"/> IGP/Career Assessment | <input type="checkbox"/> Student does not have an IEP |
| <input checked="" type="checkbox"/> Complete numeric grades to date of withdrawal | | |
| <input checked="" type="checkbox"/> Home Language Survey(s) | <input checked="" type="checkbox"/> English Language Learn (ELL) Initial Placement Screener | |
| <input checked="" type="checkbox"/> ELL Accommodation Plan | <input checked="" type="checkbox"/> Most Recent State Language Proficiency Test | |

APPLICANT/STUDENT:

Name of Student: _____
First Middle Last

Records requested for grade(s): _____

CURRENT SCHOOL:

Name of Current School: _____ Grade: _____

School Street Address: _____

City: _____ State: _____ Zip: _____

School Phone: _____ School Fax: _____

Teacher: _____ Principal: _____

PARENT:

Parental permission is no longer required when authorized school personnel requests records (Family Education Act, Final Rule on Education Records, Federal registration, June 17, 1976 Vol. 41 No. 118 Page 24673). It states that the school officials, including teachers within the educational institutions and officials of other school systems in which the student may intend to enroll, may receive school records without written consent for such releases.

Name of Parent _____
First Name Last Name

Parent's Signature _____ Date _____

Parent requests DHEC Immunization Documents from previous school to meet 2023-2024 Enrollment Requirements at Midlands STEM Institute Public Charter School. I understand that if DHEC documents are not provided by this Transcript Request, I will assume responsibility for providing required documents within 30 days.

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PUBLIC CHARTER SCHOOL

**FAMILY EDUCATIONAL RIGHTS AND PRIVACY ACT
(FERPA) CONSENT FORM**

The Family Educational Rights and Privacy Act (FERPA) gives parents and students over 18 years of age ("eligible students") certain rights regarding the student's education records. One of those rights is the right to consent to disclosures of personally identifiable information contained in the student's education records.

Midlands STEM Institute Public Charter School and its designated curriculum provider have found that to best serve the student's education needs, it is necessary to disclose a student's name and address to the following classes of vendors that provide important services related to your student's education. In all cases, these vendors will have agreed to ensure the confidentiality of the student's name and address and to not use the information for purposes other than what is contracted for the student's education needs.

- Suppliers of computers and educational materials for purpose of shipping to and from the student's home.
- Customer care providers that handle overflow calls.
- Internet service provider.
- Companies that enter the student information into a computer database for use by school officials.
- Other contractors and subcontractors that MSI identifies as necessary for providing education services.

I hereby agree that my student's name and address be provided to the above identified contractors to ensure that MSI can best meet my student's education needs.

PARENT/GUARDIAN'S SIGNATURE: _____

DATE: _____

MEDIA/PHOTO/VIDEO/VOICE RELEASE

Throughout the year, there are occasions when MSI may want to take pictures/videos of your student participating in activities related to the school. We may use, duplicate, broadcast, distribute and display these pictures/videos in MSI publications, newspaper, school website, radio, TV and / or homerooms, advertising, other media outlets, etc. We request that you sign this media/photo/video/voice release for your student to allow us to record on film, tape or otherwise, to edit such items as desirable/necessary and to use the student's name, likeness, image, voice, and performance as outlined above. Thank you in advance for your support and understanding.

I give my consent for MSI to use pictures/video of my student.

I do NOT give my consent for MSI to use pictures/video of my student.

PARENT / GUARDIAN'S SIGNATURE: _____

DATE: _____

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PUBLIC CHARTER SCHOOL

PARENT/GUARDIAN AGREEMENT

By enrolling my child at MSI I understand and agree to the following conditions of admission:

1. MSI is a public charter school as defined by the South Carolina Charter Schools Act (S.C. Code Ann. §59-40-10, et seq.). The Charter Schools Act provides for, among other things, the operation of public schools so that teachers and parents have greater say in the management of the school and to exempt the school from some state regulations.
2. MSI is governed by a Board of Directors and will operate as set forth in the charter and by-laws of MSI. In accordance with Public Charter School legislation, the Board of Directors is elected by the parents and employees of the school. Each family receives one vote per student attending MSI.
3. Acceptance is conditional upon promotion to the grade the student has been admitted to MSI. If the student is not promoted to the grade for which they have been accepted, there may not be a space available for them in MSI. **Proof of promotion must be received by MSI via records transfer prior to placement.**

TERMS

- I understand that MSI is rigorous and sets high expectations in the areas of academics and discipline.
- I understand that the school philosophy requires parental and student involvement and I agree to be an active participant in my child's education.
- I will be responsible for seeing that my child arrives on time each day. I will strive for daily attendance by my child. Absenteeism by the student may result in a repeat grade.
- I will see that the student makes up his/her work assignments when he/she is absent. I agree to abide by the terms relating to absences as defined by the MSI charter and/or regulations.
- I will attend Parent-Teacher educational meetings.
- I will keep current the information on the student enrollment card. I will inform the school immediately of new phone numbers, addresses, and any changes in the student's situation.
- I understand that my child must reside in South Carolina to attend MSI.

Signatures of Parents/Guardians for (student's name):

Print Name: _____ Signature: _____ Date: _____

Print Name: _____ Signature: _____ Date: _____

For Kindergarten Use Only

MSI Early Childhood Form

Please select only one answer per question, these are not multi answer question.

1). Low Birth Weight (Was your child's birth weight below 5.5 pounds?) Yes No

2). Medical Care Source (The source the family generally uses for their medical care)

Free Health Care Emergency Room Family Doctor Other

3). Ed Level Mom/ Female Guardian (The education level of the female guardian or the mother)

High School GED Associate Degree Bachelor's Degree
 Master's Degree PhD No HS Diploma

4). Year Ed Mom/ Female (How years of education does the mother or female guardian have?)

5). Countdown to Kindergarten? Yes No

The information recorded in this Early Childhood page will be used to complete the early childhood annual reports and to establish a baseline for evaluating the progress of programs for four year olds and family literacy. Preschool child development and kindergarten experiences predict future school success or failure.



Home Language Survey (HLS)

The Civil Rights Act of 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 Plyler v. Doe, 457 U.S. 202 (1982).

The purpose of this survey is to determine the primary or home language of the student. The HLS must be given to all students enrolled in the school district / charter school. The HLS is administered one time, upon initial enrollment in South Carolina, and remains 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 W-APT will be administered to determine whether or not the student will qualify for additional English language development support.

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

1. What is the native language of the **student**? _____
2. What language(s) is spoken most often by the **student**? _____
3. What language(s) is spoken by the **student** in the home? _____
4. In what language do you wish to have communication from the school? _____

Student Name: _____ **Grade:** _____

Parent/Guardian Name: _____

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

By signing here, you certify that responses to the three 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:** _____