

MIDLANDS STEM CHARTER SCHOOL - PUBLIC CHARTER SCHOOL

Enrollment Package for 2026-2027 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 MSCS at 803-815-1524 or via email at info@midlandsstem.org

Midlands STEM Charter School (MSCS) 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. MSCS 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: MSCS 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 MSCS office the completed enrollment package with all required documentation to:

Midlands STEM Charter School
854 US Hwy 321 Business S.
Winnsboro, S.C. 29180
Attn: Admissions
Office hours: Mon. thru Fri. 8:00am to 3:30pm
Summer office hours: Mon. thru Thur. 9:00am to 2:00pm

Student Name: _____
2026-2027 Grade: _____



PUBLIC CHARTER SCHOOL

FOR OFFICE USE ONLY

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

Date Received: _____

2026-2027 ENROLLMENT FORM

PERMANENT RECORDS (please print clearly)

STUDENT INFORMATION

STUDENT NAME:

(LAST)

(FIRST)

(MIDDLE)

(SUFFIX: Jr., Sr., III, etc.)

GRADE ENTERING **2026-2027** (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.

- | | | |
|---|--|--|
| <input type="checkbox"/> African American | <input type="checkbox"/> African American/White | <input type="checkbox"/> American Indian/Alaska Native |
| <input type="checkbox"/> Asian | <input type="checkbox"/> Hawaiian/Pacific Islander | <input type="checkbox"/> Hispanic |
| <input type="checkbox"/> White | <input type="checkbox"/> Multiracial | |

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: _____
2026-2027 Grade: _____

STUDENT SIBLING/FAMILY INFORMATION

NAME AND GRADE OF SIBLINGS ENROLLED OR ENROLLING IN MSCS:

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 MSCS PUBLISH YOUR PHONE NUMBERS IN THE SCHOOL DIRECTORY? YES ☐ NO ☐

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

MAY MSCS 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: _____
2026-2027 Grade: _____

STUDENT HEALTH INFORMATION

PRIMARY PHYSICIAN:	PHONE:
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DENTIST:	PHONE:
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HEALTH INSURANCE COMPANY:	GROUP / ID #:
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EMERGENCY CONTACT	RELATIONSHIP:
-------------------	---------------

ADDRESS:	PHONE:
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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:

Student Name: _____
2026-2027 Grade: _____



PUBLIC CHARTER SCHOOL

MSCS FAMILY VOLUNTEER FORM

Families are critical to the success of charter schools. MSCS 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 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.

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Student Name: _____
2026-2027 Grade: _____



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 2026-2027 Enrollment Requirements at Midlands STEM 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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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 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 MSCS 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 MSCS 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 MSCS 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 MSCS 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 MSCS to use pictures/video of my student.

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

PARENT / GUARDIAN’S SIGNATURE: _____

DATE: _____

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PARENT/GUARDIAN AGREEMENT

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

1. MSCS 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. MSCS is governed by a Board of Directors and will operate as set forth in the charter and by-laws of MSCS. 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 MSCS.
3. Acceptance is conditional upon promotion to the grade the student has been admitted to MSCS. 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 MSCS. **Proof of promotion must be received by MSCS via records transfer prior to placement.**

TERMS

- I understand that MSCS 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 MSCS 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 MSCS.

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

Print Name: _____ Signature: _____ Date: _____

Print Name: _____ Signature: _____ Date: _____



Enrollment Survey: Section I

Section I: This portion of the Enrollment Survey (ES) must be completed for *all* students upon first-time enrollment in South Carolina public schools and at registration each year.

Information collected within the ES is strictly for educational and program purposes. A local educational agency (LEA) must comply with Family Educational Rights and Privacy Act (FERPA) guidelines. Under federal law, all children, regardless of their citizenship or residency status, are entitled to equal access to free public education.

Student Name: _____
Date of Birth: _____
Today's Date: _____

Right to Translation and Interpretation Services

All families have the right to information about their student's education in a language they understand. An interpreter and translated documents **must** be provided by the district, free of charge when needed.

In what language(s) would your family prefer to communicate with the school?

Oral Communication Language(s): _____

Written Communication Language(s): _____

Title I, Part C: Education of Migratory Children & Youth

The Education of Migratory Children/Youth (MEP) is authorized by Title I, Part C of the Elementary and Secondary Education Act (ESEA), as amended by Every Student Succeeds Act (ESSA) of 2015. The MEP provides various educational services to families who work in agriculture and their children between the ages (0-21). This program is **free** to all eligible families and may include tutoring, free lunch eligibility, summer programs, parental involvement activities, and referrals to other services as needed.

In the last three (3) years, has anyone in your family moved from another school district, state, city, or country? Yes ☐ No ☐

In the past six (6) years, has anyone in your family worked in any of the following occupations? This includes work related to logging, timber planting/growing, harvesting, food processing plant (such as poultry, pork, beef, or vegetable), packing houses (fruits and vegetables), dairy farms, or other general farm work not listed. Yes ☐ No ☐



McKinney-Vento

This survey complies with the McKinney-Vento Act, U.S.C. 42 11431 *et seq.* Your answers will help determine if the student meets eligibility requirements for **free** services and educational rights provided under the McKinney-Vento Act, including immediate school enrollment, even if lacking required documents. Based on the residency option selected, this survey will be submitted to the district McKinney-Vento Liaison to determine eligibility.

What best describes where you live now?

- | | |
|---|--|
| <input type="checkbox"/> Single-family house/apartment/trailer | <input type="checkbox"/> In a residence with inadequate facilities (no water, no heat, no electricity, no plumbing, overcrowded, infested, etc.) |
| <input type="checkbox"/> Transitional Housing | <input type="checkbox"/> Agricultural camp |
| <input type="checkbox"/> Living with others due to loss of housing or economic hardship | <input type="checkbox"/> Shelter |
| <input type="checkbox"/> Moving from place to place/couch surfing | <input type="checkbox"/> Displaced by a natural disaster (hurricane, flood, etc.) |
| <input type="checkbox"/> Car, park, or similar location | Disaster: _____ |
| <input type="checkbox"/> Motel | <input type="checkbox"/> Displaced due to COVID-19 |
| <input type="checkbox"/> Camping grounds | <input type="checkbox"/> Other: _____ |



Enrollment Survey: Section II

Section II: This portion of the Enrollment Survey must be completed for *all* students upon first-time enrollment in South Carolina public schools and is not completed annually at registration.

Title III, Part A: Multilingual Learner Program (MLP) and Immigrant Children and Youth

The MLP program complies with Title III, Part A of the ESEA, as amended by ESSA. The MLP program provides various educational services to multilingual learners (MLs) and immigrant children and youth who may speak languages other than English. This program is **free** to all eligible students and provides support for language acquisition.

Home Language Survey (HLS)

School districts and charter schools are required to determine the language(s) spoken in each student's home to identify their specific language needs. The purpose of the HLS is to determine the primary or home language of the student and is given to all students one time at initial enrollment in a South Carolina public school district or charter school and should remain in the student's permanent record.

Information about the student's language helps to identify students who qualify for **free** support to develop the English language skills necessary for success. English language proficiency (ELP) testing may be necessary to determine if the student is eligible for language supports if a language other than English is recorded for any of the three HLS questions below. If the student qualifies, they will be entitled to services as an ML and will be assessed annually to determine their English language proficiency.

Families must fully understand the purpose and intent of the HLS and MLP program. **If you have any questions, you may contact your district's Title III/MLP Coordinator before completing the HLS.**

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

Prior Education

In accordance with *Phyller v. Doe*, this form does not inquire about the immigration status of the student or family. The purpose of this form is to collect information about your student's prior education and pre-existing knowledge and skills.

Has the **student** received English language development support in a previous school? Yes ☐ No ☐ Don't Know ☐

In what country was the **student** born? _____

If born outside of the United States, District of Columbia, or the Commonwealth of Puerto Rico, when did the **student** first attend a school in the United States?

Month _____ Day _____ Year _____

Parent/Guardian Name: _____

Parent/Guardian Signature: _____

Your signature certifies you have read the Title III, Part A information above and completed it to the best of your knowledge.