

**MIDLANDS STEM CHARTER SCHOOL - PUBLIC CHARTER SCHOOL**  
*Enrollment Package for 2025-2026 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](mailto: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](mailto: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: \_\_\_\_\_  
2025-2026 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: \_\_\_\_\_

**2025-2026 ENROLLMENT FORM**  
PERMANENT RECORDS (please print clearly)

**STUDENT INFORMATION**

STUDENT NAME:

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

GRADE ENTERING **2025-2026** (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/American Indian | <input type="checkbox"/> American Indian |                                |
| <input type="checkbox"/> Asian                  | <input type="checkbox"/> Hawaiian/Pacific Islander        | <input type="checkbox"/> Hispanic        |                                |
| <input type="checkbox"/> White/African American | <input type="checkbox"/> White/American Indian            | <input type="checkbox"/> White/Asian     | <input type="checkbox"/> 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 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: \_\_\_\_\_  
2025-2026 Grade: \_\_\_\_\_

<b>STUDENT HEALTH INFORMATION</b>
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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*

**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.

Student Name: \_\_\_\_\_  
2025-2026 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 2025-2026 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: \_\_\_\_\_