

Student's name

last

first

middle

Grade Level

Date



MILLENNIUM CHARTER ACADEMY

Enrollment Information



AUTHORIZATION FOR RELEASE OF RECORDS
to Millennium Charter Academy
(for students entering 1st – 12th grades)

Name of Student _____ Preferred Name _____
(first, middle, and last names)

Date of Birth _____ Present Grade _____

Street, City, State, Zip _____

Parent's Name _____

Parent's Name _____

Student Resides With: _____ County _____

Previous School: _____ Grades Attended: _____

School Address, City, State, Zip: _____

Telephone: _____ Fax: _____

Previous School: _____ Grades Attended: _____

School Address, City, State, Zip: _____

Telephone: _____ Fax: _____

Dear Sir or Ma'am,
As parent and/or legal guardian of _____,
(first, middle, and last names)

I hereby authorize you to release my child from your school. Furthermore, I authorize Millennium Charter Academy to obtain all records from regular education and from special education, including

- | | |
|--|--|
| <input checked="" type="checkbox"/> Transcript | <input checked="" type="checkbox"/> IEP/504 Information |
| <input checked="" type="checkbox"/> Grades | <input checked="" type="checkbox"/> Cumulative File |
| <input checked="" type="checkbox"/> Test Scores | <input checked="" type="checkbox"/> Disciplinary History |
| <input checked="" type="checkbox"/> Health and Medical Records | <input checked="" type="checkbox"/> Exceptional Children's Records |
| <input checked="" type="checkbox"/> Attendance Records | Other _____ |
| <input checked="" type="checkbox"/> Psychological Records | _____ |

I testify that all the information submitted herein is accurate and truthful. Furthermore, I grant Millennium Charter Academy permission to request records from previous schools.

Signature of Parent/ Legal Guardian Date _____



Millennium Charter Academy
Parental Permissions Form

Student's Name _____ **Grade** _____ **Teacher** _____

Field Trips

I give permission for my child to attend field trips sponsored by Millennium Charter Academy. My child has permission to be transported by van, bus or private vehicle. I understand that the school policy requires that I be notified prior to any field trip that my child may take.

Parent/Guardian Signature Date _____

Use of Child's Photographed Image

I understand that students will often be photographed or videotaped during class or school activities or special events. I grant permission for my child's photographed image to be used in various forms of publicity which may include newspapers, newsletters, videotapes, school bulletin boards, and the school's internet web site.

Parent/Guardian Signature Date _____

Effective Date of Permission

Please check one box:

I understand that this parental permission form shall be effective for as long as my child is a student at Millennium Charter Academy.

This form shall be effective for a specific time period, from to _____
(insert the beginning and ending dates).

Parent/Guardian Signature Date _____

Internet Permission Form

I grant my child permission to use the Internet as a learning resource as prescribed by Millennium Charter Academy.

Parent/Guardian Signature Date _____



Millennium Charter Academy
Parental Request for Individual Diabetes Care Plan

Student's Name _____ **Grade** _____ **Birth Date** _____

Address _____

City _____ **State** _____ **Zip** _____

Parent/ Guardian _____ **Phone** _____

This form must be returned to school for you're your child's cumulative record per the state of North Carolina's mandate. If this information does not pertain to your child, please write "Not Applicable" and sign the form.

I hereby request that an Individual Diabetes Care Plan be developed and implemented for my child. I authorize the institution listed above to secure any related health care information from the health care provider listed below. I understand that I must provide a Diabetes Care Plan reviewed by a health care provider and appropriately trained staff will need to be in place prior to my child receiving medical services, other than self care, parent care, and Emergency Medical Services (911) at school. This plan will require annual review and updates, as medical care needs change.

Current Physician or Health Care Provider _____

Address _____

City _____ **State** _____ **Zip** _____

Phone _____

Parent/Guardian Signature _____ **Date** _____



Millennium Charter Academy Information Sheet

Year _____ - _____

At Millennium Charter Academy, your child’s safety is of paramount importance. The information you list below will provide us with information about your child, and help us contact you, or the people you appoint, in the event of an emergency. Your e-mail address is requested so we may e-mail you about school events and happenings. MCA does not share your personal information with others.

Please place a checkmark beside any changes from last year. This will help insure we do not miss any new information. Thanks!

Student _____ Date of Birth _____

Student’s Address _____

City/State/Zip _____

Resides With _____ MCA Teacher/Grade Level _____

MCA Sibling(s) and Grade Level(s) _____

Parent/Guardian

Parent/Guardian

Home Phone

Home Phone

Email Address

Email Address

Workplace

Workplace

Work Phone

Work Phone

Other Phone

Other Phone

Emergency Contacts	Relationship	Home Phone	Work Phone	Other Phone
1. _____	_____	_____	_____	_____
2. _____	_____	_____	_____	_____
3. _____	_____	_____	_____	_____

Any Known Allergies:

Any Pick-up Restrictions: Yes No If yes, explain in detail:

Please notify office personnel immediately of any changes to student information.



REQUIRED OF ALL STUDENTS NEW TO NC PUBLIC SCHOOLS.



PUBLIC SCHOOLS OF NORTH CAROLINA

State Board of Education | Department of Public Instruction

January 2016

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)

M F

Birthdate (M/D/YYYY):

School Name:

Hispanic of Latino Origin: 1 Yes 2 No

Race: 1 Other Non-White 2 White 3 Black 4 American Indian 5 Chinese 6 Japanese 7 Hawaiian 8 Filipino 9 Other Asian 10 Unknown

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:





PUBLIC SCHOOLS OF NORTH CAROLINA

State Board of Education | Department of Public Instruction

January 2016

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):

Practice/Clinic Name:

Practice/Clinic Address:

Practice/Clinic City:

State:

Zip:

Phone:

Fax:

Provider Stamp Here:



Public Health
HEALTH AND HUMAN SERVICES



ADMISSIONS AND ENROLLMENT PROCESS



ENROLLMENT PERIOD

MCA has open enrollment throughout the year, except March 1 through the end of the school year, for any student whose primary residence is in North Carolina.

PREFERENTIAL ENROLLMENT

MCA gives enrollment preference to siblings of students enrolled the previous year, board and employee’s children (not to exceed 15% of the student body), and siblings of students that completed the highest grade offered by MCA and were enrolled at least four years (legacy preference). MCA defines siblings as biological siblings, stepsiblings, half-siblings, and children residing in a family foster home.

ADMISSIONS APPLICATION, KINDERGARTEN

To enroll in kindergarten a child must be five years of age on or before August 31 of that school year. The Academy receives applications for the rising kindergarten on or after August 1, one school year in advance of desired enrollment. If the applications do not exceed Academy or grade level capacity by February 20, then all students who have submitted applications by that deadline will be accepted for admission and no lottery will be held. If the total number of applications received exceeds the established capacity of the Academy or grade level for the upcoming year by 3:30pm on February 20 (the lottery eligibility deadline), then a fair, impartial, public lottery will be held the following day, February 21 (or the first business day thereafter). If multiple birth siblings are applying for admission, MCA will enter one surname into the lottery to represent all of the multiple birth siblings. If that surname is drawn, then all multiple birth siblings are admitted. If a lottery is held, those students not accepted by the lottery will be placed on a priority waiting list in the order drawn. Siblings of currently enrolled students receive admission priority and typically do not participate in the lottery, but must submit an application prior to the lottery deadline. After February 20, additional students will be accepted on a first-come, first-served basis until the capacity is realized.

ADMISSIONS APPLICATION, GRADE 1 AND HIGHER¹

MCA accepts applications throughout the year for first grade and all older grades. In accordance with state regulations, MCA gives preference to siblings “of currently enrolled students who were admitted in a previous year.” For MCA, “siblings” includes any of the following who reside in the same household: biological siblings, half siblings, stepsiblings, and foster children. Should a waiting list be necessary, applicants are placed in order of application date.

NOTIFICATION, ALL GRADE LEVELS²

Once a seat is available the Academy notifies the student’s parents, at which point the parents have five business days to inform the school whether or not they would like to enroll. If they choose to enroll, a date for a transition assessment is set. If they decide not to continue or fail to respond, the name is removed, and the student must re-apply for future consideration.

ENROLLMENT³

After parents decide to enroll their child, they complete the Enrollment Information form, which provides both the school and the family with important information. During this time the Academy communicates to the parents its expectations and its commitments.

ASSESSMENTS⁴

Students accepted by lottery will be given a date and time for a school readiness assessment, usually in April. Students in first grade and higher are given a date and time for a placement assessment. These assessments help inform parents and the school of the student’s projected academic transition and potential needs.

PLACEMENT⁵

After the discussing the results of the transition assessment, the Academy places the student in the appropriate grade level.

Lottery Eligibility Deadline: 3:30 pm, February 20

