



Application Number: _____

Time and Date: _____ / _____

Office Use Only

STEWART CREEK HIGH SCHOOL

Tuition Free Public Charter School

Accelerated Learning Solutions, Stewart Creek High School, is dedicated to changing and saving lives and “creating success stories, one student at a time” by developing productive citizens and life-long learners through an integrated, technology-enhanced, rigorous, and relevant curriculum that is customized to the individual needs of students who might otherwise drop out of school.

Enrollment Application

Student's Name (Last, First, Middle)

Date

All students enrolled in Stewart Creek High School are students of Mecklenburg County Public Schools, subject to applicable policies and entitled to same rights.

Please check your preference on which session you would like to attend?

☐ Morning Session: 7:30 a.m. – 11:30 a.m.

☐ Afternoon Session: 12:00 p.m. – 4:00 p.m.

Please check how did you hear about us?

☐ Social Media

☐ My Current School

☐ Radio/Streaming Audio

☐ Brochure/Postcard

☐ FinishSchool Website

☐ Church

☐ Google Search/Google Ad

☐ Community Event

☐ YouTube

☐ School Sign

☐ Other: _____

☐ A Current or Former Student: _____

Student Workplace:

Address:

City, State, Zip Code:

Phone Number:

Permission Granted to be Contacted:

Yes _____ No _____

Do you volunteer?

Yes _____ No _____

Where: _____

Office Use Only:

___ Date Packet Rec'd

___ Entered STARS

___ Birth Certificate/ Passport*

___ Parent or Student Picture ID*

___ Immunizations*

___ Physical, as applicable*

___ Proof of Address*

___ Withdrawal Form

___ Transcript

___ Student Detail Report

___ IEP ___ 504 Plan

___ ESOL

___ Health Insurance Card

___ Map Quest

*Required

Student Registration Packet

PART 1: Demographic Information

Date: _____

STUDENT INFORMATION

Last Name: _____ First Name: _____ Middle Name: _____
Date of Birth: _____ Student ID #: _____ Grade: _____
Race: _____ Gender: M or F
Student's Home Address: _____ Apt #: _____
City: _____ State: NC Zip Code: _____ Student Cell#: (_____) _____
Student's Email address: _____
Transferring from (home school): _____
Other schools attended outside of Mecklenburg Co: _____ School District: _____
Native Language: _____

PARENT/GUARDIAN CONTACT INFORMATION

Last Name: _____ First Name: _____ Middle Name: _____
Relationship to Child: _____ Email address: _____
Address: _____ Apt. # _____ City: _____ State: _____ Zip: _____
Home #: (_____) _____ Work #: (_____) _____ Cellular #: (_____) _____

Last Name: _____ First Name: _____ Middle Name: _____
Relationship to Child: _____ Email address: _____
Address: _____ Apt. # _____ City: _____ State: _____ Zip: _____
Home #: (_____) _____ Work #: (_____) _____ Cellular #: (_____) _____

PARENTAL AUTHORIZATION

In addition to the guardian information, only the following persons will be authorized to drop off and pick up the student:

1. Name: _____ Relationship: _____ Telephone: _____
2. Name: _____ Relationship: _____ Telephone: _____
3. Name: _____ Relationship: _____ Telephone: _____

Please list the name of any individual who is legally restrained or not authorized to contact the student:

1. Name(s): _____ Relationship: _____
2. Name(s): _____ Relationship: _____

CONSENT TO ENROLL

I do hereby grant permission for enrollment into Stewart Creek High School. I acknowledge that this enrollment is strictly voluntary and this enrollment has not been forced or mandated by the school or any official from Mecklenburg County Public Schools. I further understand that I may terminate enrollment at this school for enrollment into another Mecklenburg County Public school or school choice option so long as my child meets the requirements of compulsory education and is in good standing with the District's code of conduct (i.e. is not presently serving an expulsion). I attest that all the information given in the Student Enrollment Packet is accurate and truthful.

Parent/Guardian Signature: _____ Student Signature (over age 18): _____

I have reviewed the information on this page _____
(Please initial)

MEDIA RELEASE

I do hereby grant permission for ALS Education, and Stewart Creek High School to reproduce, release and publish all media announcements, success stories to include academic and personal progress achieved, including photographs, interviews, audio/visual, or sound recordings of this student, while attending Stewart Creek High School.

Parent/Guardian Signature: _____ Student Signature (over age 18): _____

PERMISSION FOR EMERGENCY CARE

In the event of an accident or other emergency, when parent/guardian are unavailable, I hereby authorize a representative of the school. In the event the physician is not available, I give permission for care and treatment to be performed by any licensed physician. The undersigned agrees to bear all costs incurred as a result of the foregoing.

Physician's Name: _____ Phone Number: _____

Is there any medical condition or illness we should be aware of: _____

Are you taking prescription medication (daily or occasionally)? Yes/ No If yes, name of the prescription: _____

How does this condition impact the student? _____

Parent/Legal Guardian Name (print): _____ Parent/Legal Guardian Name (signature): _____

Eligible Student's Name (print): _____ Eligible Student's Name (signature): _____

CONSENT FOR RELEASE OF RECORDS

I hereby grant consent for my child to enroll in Stewart Creek High School and do hereby grant permission to and direct the School District of Mecklenburg County to release any and all of this student's education records, including all academic, discipline, and health records to Stewart Creek High School. Stewart Creek High School is an educational alternative that emphasizes parental partnership in a voluntary placement for academic service to my child's progress and achievement in school. I also understand that as a parent I have the right to request a review of placement and request a review for evaluation for services offered in other Stewart Creek High School: advanced placement, vocational education, exceptional education, school-to-work offerings and alternative placements.

The school maintains all student education records in accordance with the Family Educational and Privacy Rights Act, 20 (U.S.C. § 1232g; 34 CFR Part 99) and releases such records only as provided therein. Certain information about Stewart Creek High School students is considered directory information and will be released to anyone who follows procedures for requesting it, unless the parent objects in writing to the release of any or all directory information about the student. Directory information includes: a student's name, address, telephone number, date and place of birth, photograph, and participation in officially recognized activities and sports, weight and height of members of athletics teams, dates of attendance, awards received in school, and most recent school attended. The undersigned understands and acknowledges that any objection to release of directory information must be made in writing to the school within ten school days after the parent receives this notice.

Additionally, Stewart Creek High School may from time to time have approved visitors at school such as local community leaders or education officials who are not employees of Stewart Creek or ALS. During such visits, students are sometimes asked about their school experience and may choose to share information such as courses, credits, attendance or other information from their dashboard. I agree that my child may participate in such visits including sharing student record information upon request.

Parent/Guardian Signature: _____ Student Signature (over age 18): _____

ACKNOWLEDGEMENT OF RECEIPT AND REVIEW OF STUDENT / PARENT HANDBOOK

We understand and consent to the responsibilities outlined in Stewart Creek High School *Student /Parent Handbook* and the *District Code of Student Conduct*. We also understand and agree that the student shall be held accountable for the behavior and consequences as outlined in the *Student /Parent Handbook* and *District Code of Student Conduct* at school and at school-sponsored and school-related activities (including school-sponsored travel) and for any school-related misconduct, regardless of time or locations. We have received, read, and understand Stewart Creek High School *Student /Parent Handbook* and the *District Code of Student Conduct*.

Parent/Guardian Signature: _____ Student Signature (over age 18): _____

PART 3: Search Consent Form, Bus Policy and NCAA

Search Consent Form

It is the policy of Stewart Creek High School to prohibit the use, possession, concealment, transportation or distribution of illegal or unauthorized items, including but not limited to, illegal drugs, look-alike drugs and drug paraphernalia, tobacco, lighters, matches, alcoholic beverages, weapons, ammunition, and/or stolen property, while entering, on, or leaving school property or attending school-sponsored functions or events.

For the protection of the students, teachers and employees of Stewart Creek High School, students may be required to submit their person, personal effects, vehicles, belongings, and any other items to a search by school officials or other authorized representatives.

Your signature below constitutes your consent to the inspection of the student's person, personal effects, vehicle, and/or other belongings or items.

Parent/Guardian Signature: _____ **Student Signature (over age 18):** _____

Bus Policy Form

Eligible students that are enrolled in the school will be issued a bus pass upon and throughout the entire enrollment period. A student is eligible for transportation services/ bus passes who reside two or more miles from the school. Bus passes will be purchased from the local Transportation Authority for all eligible students.

The student will receive assistance, if needed, during the Orientation session to identify the closest bus stop to and the number of busses the student will have to ride to get to and from the school. The student will be solely responsible for his/her bus passes at all times. The school will not reissue bus passes due to loss, damage or inappropriate use.

Bus route (public transportation) times do not always align perfectly with school schedules. Students are expected to be present in class for the duration of their assigned session for a total of 5 hours. Students should remain on campus and in class while waiting for the next bus. If students choose to leave school prematurely, please be aware that excessive early dismissal can jeopardize academic progress and continuation in the program.

My student has permission to take public transportation to and / or from school: Yes / No

My student has permission to walk to and / or from school, if applicable: Yes / No

How will your student get to / from school? ☐ Bus Pass ☐ Bus Pass / Driver ☐ Bus Pass / Parent Pick Up

☐ Bus Pass / Rail ☐ Driver ☐ Parent Pick Up ☐ Parent Pick Up / Driver ☐ Walk – Ride a Bike

Parent/Guardian Signature: _____ **Student Signature:** _____

NATIONAL COLLEGIATE ATHLETIC ASSOCIATION

Stewart Creek HS is accredited by AdvancED Corporation Systems Accreditation, Southern Association of Colleges and Schools, and is currently seeking NCAA eligibility. This document is to notify the parent/ guardian and student that although Stewart Creek HS is in the process of applying for NCAA eligibility, the School does not currently have such status. Therefore, students that may seek Division I, Division II, or Division III scholarships may not be eligible at this time. Note: Failure to disclose student's intention to seek college athletic scholarship opportunities may negatively impact future athletic scholarship opportunities.

_____ Student WILL NOT be seeking college athletic scholarship opportunities.

_____ Student may be seeking college athletic scholarship opportunities.

By signing below I certify that I understand the NCAA eligibility implications and still wish to continue with the enrollment process.

Parent/Guardian Signature: _____ **Student Signature:** _____

INTEREST IN COUNSELING AND/OR CASE MANAGEMENT SERVICES

Various service providers partner, including university master's level interns, with Stewart Creek High School to offer onsite and offsite services to students and families with specific needs. Criteria for services vary for each agency. **Please contact the Family Support Specialist at Stewart Creek High School to determine what services may be appropriate for your student.** Parents, guardians, students, or school staff may suggest counseling and/or case management services at any time during a student's enrollment.

Student's name: _____

Student DOB: ____/____/____

Is the student a parent or a parent to be? **YES/NO**Is your child currently receiving counseling services? **YES/NO**

If "yes", what program: _____ Diagnosis/Medication: _____

If no, would you like to request counseling and/or case management services from one of our providers? **YES/NO**Does the student have Medicaid? **YES/NO** If "yes", what is the Medicaid number: _____ Plan Name: _____Do you have an open case with DCF? **YES/NO** If "yes" Case Worker/Number: _____Does the student have an open case with the Juvenile Justice system? **YES/NO**

Probation Officer: _____ Phone number: _____

PLEASE MARK ALL THAT APPLY TO YOUR CHILD'S PRESENT ISSUES/BEHAVIORS:

<input type="checkbox"/> Caregiver of Household Member	<input type="checkbox"/> Hallucinations And/or Delusions	<input type="checkbox"/> Stealing, Lying, Cheating
<input type="checkbox"/> Grief or Loss issues	<input type="checkbox"/> Eating Problems	<input type="checkbox"/> Self-Mutilation
<input type="checkbox"/> Poor Attention Span/Impulsivity Issues	<input type="checkbox"/> Sleeping Difficulties	<input type="checkbox"/> Easily Angered Or Irritable
<input type="checkbox"/> Substance/Alcohol Abuse	<input type="checkbox"/> Fire Setting/Property Destruction	<input type="checkbox"/> Cruelty To Animals
<input type="checkbox"/> ADHD	<input type="checkbox"/> Family/Relationship Issues	<input type="checkbox"/> Withdrawn/Depressed
<input type="checkbox"/> Pregnancy Or Parenting Needs	<input type="checkbox"/> Argumentative/Defiant	<input type="checkbox"/> Poor Anger Management
<input type="checkbox"/> Suicidal/Homicidal Threats Or Thoughts	<input type="checkbox"/> Deteriorating School Behavior	<input type="checkbox"/> Health Issues
<input type="checkbox"/> Gang Activity	<input type="checkbox"/> Sexual Abuse	<input type="checkbox"/> Family Issues
<input type="checkbox"/> Suicide/Homicidal Attempts	<input type="checkbox"/> Verbally/Physically Abusive	<input type="checkbox"/> Other Mental Health Issues
<input type="checkbox"/> Homelessness	<input type="checkbox"/> Anxiety	<input type="checkbox"/> Violence in Home or Community
<input type="checkbox"/> Sexual and Gender Identity	<input type="checkbox"/> ESE/IEP-behavioral health needs	<input type="checkbox"/> Current Foster Care/DJJ issues
Other concerns not mentioned (please specify below):		

I understand that submitting this form does not guarantee that services or providers will be available. However, I give permission for Stewart Creek High School to release my child's name and the information on this form to service providers. Service Providers may conduct an initial meeting with student to determine services needed and will contact the parent/guardian to explain the scope of their services and obtain verbal or written consent for treatment.

Parent/Guardian Signed: _____ Date: ____/____/____

Student Signed: _____ Date: ____/____/____

Contact Number: Home _____ Work _____ Other _____

Stewart Creek High School

Your child is choosing to attend Stewart Creek High School and as such, is considered a student of Mecklenburg County.

This school is designed to help students develop academic skills, increase attendance, and take responsibility for their own behavior and education while pursuing his/her diploma.

In order to ensure a smooth transition into Stewart Creek High School, it is important that you and your child review and understand the following information:

- ✓ All cell phones and any other personal electronic devices, including but not limited to music devices, hands-free devices, smart watches, portable games, touch screen devices, will be collected upon entry and held until dismissal. These items are not permitted in the classroom.
- ✓ Since the school is not responsible for loss or damage of these items including cell phones; therefore, it is our strong recommendation that they not be brought on campus.
- ✓ Students must complete a required orientation upon enrollment.
- ✓ When the School reaches capacity, students will be admitted based on the lottery policy regardless of race, gender religion or ethnic origin and our admission and dismissal procedures will be equitable for all students.
- ✓ The School operates on an extended school year which begins in August on the same date that the District schools start and ends in July. It is an expectation that all students attend through to the end of the school calendar. Failure to attend school throughout the entire school year may result in the student being withdrawn or initiation of truancy procedures. Please refer to the attached School's calendar for further information.
- ✓ Students will wear appropriate attire, which is consistent to the District's dress code.
- ✓ Bus Passes will be offered to eligible students for public transportation.
- ✓ A parent/guardian (or emancipated student) must complete and sign all forms in the Enrollment Packet prior to attending class.
- ✓ Students will follow attendance procedures.
- ✓ To ensure safety to all, students will pass through a metal detector upon entry each day.
- ✓ Upon enrollment, every student will be expected to agree to and sign an attendance and behavior contract which reinforces the discipline and dismissal procedures as per School guidelines.
- ✓ Some of our APEX courses may not be accepted by the NCAA with regard to Athletic Scholarships for Division I, II or III schools.
- ✓ Parents are always welcome at the school – Appointment recommended.

I understand the statements above and have had an opportunity to ask questions about Stewart Creek High School.

Parent/Guardian Signature: _____

Date: _____ Student Signature: _____

Date: _____

School Year: _____

Student Name: _____

INCOME VERIFICATION FORM

E-RATE CALCULATIONS

Name of School / Facility	
Street Address	
City, State Zip Code	
Telephone Number	
Fax Number	
Email Address	N/A

The following sections **must** be completed by head of household or designee.

1. SIZE OF FAMILY* - Please indicate the total number of individuals in your household, including all adults and children. _____

2. STUDENT INFORMATION* – please complete for each student Pre-K through 12th Grade

Please ensure student's name is written in this section.

Last Name	First Name
1.	
2.	
3.	
4.	
5.	
6.	

If you need more space, please use the reverse side of this survey or attach a copy of this survey marked clearly as a continuation of this information.

TOTAL HOUSEHOLD INCOME* – please report for all members of household			
Type of Income	Job 1	Job 2	Check if no Income
1. Gross Monthly Earnings: wages, salary, commissions	\$	\$	<input type="checkbox"/>
2. Monthly Welfare Payments, Child Support, Alimony	\$	\$	<input type="checkbox"/>
3. Monthly Payments from Pensions, Retirement, Social Security	\$	\$	<input type="checkbox"/>
4. Monthly Dividends or Interest on savings	\$	\$	<input type="checkbox"/>
5. Monthly Worker's compensation, Unemployment, Strike Benefits	\$	\$	<input type="checkbox"/>
6. Other Monthly (SSI, VA, Disability, Farm, other)	\$	\$	<input type="checkbox"/>

ENROLLMENT DECLARATION

Pursuant to North Carolina General Statutes 115C-366(a4) and 115C-238.29F(g)(7), Stewart Creek High School requires that parents, guardians or legal custodians of all students seeking to enroll, provide a statement as to whether the student is, under suspension or expulsion from attendance at a private or public school in this or any other state or has been convicted of a felony in this or any other state. This does not apply to a student who has never been enrolled in or attended a private or public school in this or any other state.

Enrolling Student Information

Name: _____
Last First Middle
Address: _____
Street City State Zip Code
Date of Birth: _____ **Age:** _____ **Grade:** _____

Suspensions and Expulsions

Please check the appropriate box as it relates to the student named above.

- ☐ IS NOT currently suspended or expelled from any school and does not have a pending discipline team meeting - suspension or expulsion scheduled.
- ☐ Has been recommended for long term (more than 10 days) suspension or expulsion from (school). Explain offense and pending discipline.
- ☐ Has been long-term suspended or expelled from (school).

Explain offense and pending discipline.

Address of Previous School: _____

Previous School Telephone: _____

Felony Convictions

Please check the appropriate box as it relates to the student named above.

- ☐ HAS NOT been convicted of a felony in this or any other state.
- ☐ Has been convicted of a felony.

Convicted of: _____

City: _____ State: _____

Date: _____ Conviction of: _____

Description of offense: _____

Probation Officer: _____ Phone Number: _____

Court Counselor: _____ Phone Number: _____

I, (Parent/Guardian/Legal Custodian/Eligible Student) hereby swear or affirm that the above information is true and accurate.

Parent/ Guardian/ Legal Custodian/ Eligible Student Name: _____

Home/ Cell/ Work Phone: _____

Home

Cell

Work

I have reviewed the information on this page _____ 8
(Please initial)

North Carolina Public Schools
Home Language Survey Form/*Encuesta del Idioma del Hogar*

First Name/ <i>Nombre</i>	Last Name/ <i>Apellido</i>	Middle name/ <i>Inicial:</i>
Country of Birth/ <i>Lugar de Nacimiento</i>	Date first enrolled in any U.S. school (Private or Public, but not PreK)/ <i>Fecha de Matricula en E.U.</i>	Date of Birth/ <i>Fecha de Nacimiento</i>
Current School/ <i>Escuela Actual:</i>	School Enrollment Date/ <i>Fecha de Matricula en la Escuela:</i>	Current Grade/ <i>Grado actual:</i>

Questions for Parents/Guardians/ <i>Padres o Encargados</i>	Parent Response/ <i>Respuestas</i>
What is the first language the student learned to speak? <i>?Que idioma aprendio a hablar primero el estudiante?</i>	
What language does the student speak most often? <i>?Que idioma habla el estudiante con mas frecuencia?</i>	
What language is most often spoken in the home? <i>?Que idioma se habla en el hogar con mas frecuencia?</i>	

Parent/ Guardian

Fecha:

Signature/*Firma:* _____

Date: _____

*****For Office Use Only/*Sección Para Uso Interno******

Person Reviewing this Survey: _____

Directions:

1. Parents/guardians of **ALL** new students must complete this form at the time of enrollment and record all information requested. *Provide interpreting services whenever necessary.*
2. Ensure that all questions on the form are completed. If any of the above questions have a language other than English listed in the response column, make a copy of the original and forward it on immediately to your ESL teacher. Once received, the ESL Program staff will review the responses, interview the parent as necessary, and/or the student to determine the home language. If the parent lists more than one language other than English, the reviewer must determine which one is the child's home language for data collection purposes and document it on this form below.
3. Place the original form in the student's cumulative folder.

Determination (ESL Teacher ONLY)	ESL Teacher Name:
If the student's first or home language is other than English, the ESL Teacher will investigate to make sure that the form was filled out properly and that the student does not speak English regularly at home. If the HLS is found to be accurate, the English language proficiency test should be administered unless proper documentation is found that child was tested in a previous school district (if a transfer) and that testing medium complies with NC testing standards for LEP students.	First/Home Language: Administer the English language proficiency test? Circle: Yes or No

Charlotte-Mecklenburg Schools McKinney-Vento Intake Affidavit

Student's Name: _____ ID# _____

Date of Birth: _____ Age: _____ Grade: _____ Sex: _____

Parent/Guardian Name(s): _____

Phone number(s): _____

Address: _____

Home School (based on current residence): _____

School of Origin (last school attended): _____

Siblings of student:

Name	School
_____	_____
_____	_____
_____	_____

Please answer the following questions:

- | | | |
|--|------------------------------|-----------------------------|
| 1. Is this student's home address a temporary living arrangement? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 2. Is this a temporary living arrangement due to loss of housing or economic hardship? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 3. Is this student in temporary or emergency foster care placement? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 4. As a student, are you living with someone other than your parent or legal guardian? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

If you answered YES to **any** of the above questions, please complete the remainder of this form.

If you answered NO to all of the above questions, you may stop here.

1. Where is this student currently living? (*check box*)

☐ In a motel/hotel- Name of motel/hotel: _____

☐ In a shelter- Name of shelter: _____

☐ Transitional Housing- Name of transitional housing: _____

☐ Group Home- Name of group home: _____

☐ Temporary/emergency foster home

☐ With more than one family in a house or apartment

☐ Moving from place to place

☐ In a location not designed for sleeping accommodations such as a car, park, or campsite

2. How long have you lived at this residence? _____

3. How long do you plan to live at this residence? _____

4. With whom does the student currently live: (*check box*)

☐ Both parents

☐ One parent- Which parent? _____

☐ One parent and another adult- Which parent? _____

☐ A relative- Specify which (e.g. grandmother) _____

☐ Friends or other adults- please identify _____

☐ An adult who is not a parent or legal guardian- please identify _____

5. Describe the current living situation in detail: _____

6. Any possibility of violence or abuse in home? If so, describe. What were the school's actions?

7. In your child's previous school, did he/she receive any of the following? (*check all that apply*)

- ☐ Special Education/Exceptional Children's Services- Describe: _____
- ☐ 504 Accommodation Plan- Describe: _____
- ☐ English As a Second Language (ESL) services
- ☐ Help for Behavior Improvement
- ☐ Tutoring Services
- ☐ Academically or Intellectually Gifted services
- ☐ Counseling services

8. At this time, what is the greatest need for your child? (*check all that apply*)

- ☐ School supplies
- ☐ School uniform or clothing
- ☐ Help for academic improvement
- ☐ Help for behavior improvement
- ☐ Referral for food assistance
- ☐ Medical referral/immunizations
- ☐ Mental health/counseling referral
- ☐ Other- Please describe: _____

My signature below affirms the following: (1) the information I have provided on this form is true and accurate to the best of my knowledge or belief; (2) the same information, as well as other information that may identify my child(ren), may be shared without my consent with community and governmental agencies pursuant to an interagency collaboration between this school district, A Child's Place; and, (3) the same information, as well as other information that may identify my child(ren), may be shared without my consent with other CMS staff members for a legitimate educational purpose. In addition, my signature affirms that I have received a copy of my rights under the McKinney-Vento law and I agree to allow CMS staff to conduct screenings as a part of the district's McKinney-Vento program.

Parent/Guardian Signature: _____
(Or Unaccompanied Youth)

Date: _____

MCV School Liaison Signature: _____

Date: _____