



Academy of Hope

3521 Juniper Bay Road • Conway, SC 29527

Phone: 843.397.5719 • Fax: 843.397.5712

info@theacademyofhope.org • www.theacademyofhope.org

## 2014-2015 School Registration Check List

<b>NEW STUDENTS ONLY</b>	
<input type="checkbox"/>	Proof of Residency (current utility bills, signed rental agreement, etc.)
<input type="checkbox"/>	Birth Certificate
<input type="checkbox"/>	Proof of Immunization
<input type="checkbox"/>	Medicaid Release Form
<input type="checkbox"/>	Language Survey
<input type="checkbox"/>	Transfer Records Form
<input type="checkbox"/>	Current IEP-Individualized Education Plan (if applicable)
<input type="checkbox"/>	Current 504 Plan (if applicable)

<b>ALL STUDENTS</b>	
<input type="checkbox"/>	Emergency Contact Card
<input type="checkbox"/>	Student/Parent Information Sheet
<input type="checkbox"/>	Student Health Information
<input type="checkbox"/>	McKinney-Vento Act Identification Form
<input type="checkbox"/>	Vehicle Information <b>***Please fill-in ONE form per Family***</b>
<input type="checkbox"/>	Transportation Information <b>***Please fill-in ONE form per Family***</b>
<input type="checkbox"/>	Hope Care Registration Form
<input type="checkbox"/>	Photographed/Videotaped/Internet Usage Permission Form
<input type="checkbox"/>	Free & Reduced Lunch Form (if applicable) – Available July 2014

<b>HANDOUTS</b>	
<input type="checkbox"/>	Uniform Order Form
<input type="checkbox"/>	Volunteer Form
<input type="checkbox"/>	School Supply List
<input type="checkbox"/>	Academic Calendar
<input type="checkbox"/>	Transportation/Bus Routes – Available July 2014
<input type="checkbox"/>	Family Handbook – Available July 2014



**Academy of Hope**  
**3521 Juniper Bay Road • Conway, SC 29527**  
**Phone: 843.397.5719 • Fax: 843.397.5712**  
**[www.theacademyofhope.org](http://www.theacademyofhope.org)**

## 2014-2015 REGISTRATION REQUIREMENTS

### **PROOF OF RESIDENCY**

When registering for school, student(s) and parent(s)/guardian(s) must submit documentation of their physical address. Acceptable documents include current electric/water/sewer bill, current and signed rental agreement, approved transfer form, proof of guardianship or a valid receipt and letter on property letterhead indicating student is staying in hotel or rental condo on a long-term basis. A driver's license and voter registration card may be used to verify address, but will not serve as sole evidence of residency. At the time of registration, parents will be asked to provide the vehicle license tag numbers of all vehicles that will be picking up or dropping off students on a regular basis.

### **BIRTH CERTIFICATE**

Students who are registering with the Academy of Hope should present a legal birth certificate. Social Security number is requested. If students have previously been enrolled in another school outside of the District or state, the receiving school will send for education records at the time of registration.

### **PROOF OF IMMUNIZATION**

#### *Minimum Requirements*

Vaccine For:	Grade	Grade Level Requirements: Grade level requirements apply to all students entering or retained in the grades specified.
Diphtheria, Tetanus and Pertussis	5K – 10	Four (4) doses of any combination of DTP, DT, DTaP, Td, or Tdap vaccine with at least one (1) dose received on or after the fourth birthday.
	11 – 12	Three (3) doses of any combination of DTP, DT, DTaP, Td, or Tdap vaccine with at least one (1) dose received on or after the fourth birthday.
Tdap Booster	7 -8	One (1) dose of Tdap vaccine received on or after the 7 <sup>th</sup> birthday  <b>If necessary, this dose of Tdap may be included as one of the doses needed to meet the requirement for Diphtheria, Tetanus, and Pertussis noted above.</b>
Polio	5K – 2	Three (3) doses of oral and/or inactivated Polio vaccine with at least one (1) dose received on or after the fourth birthday.
	3 - 12	Three (3) doses of oral and/or inactivated Polio vaccine with at least one (1) dose received on or after the fourth birthday <b>OR</b> four (4) doses of IPV before 4 <sup>th</sup> birthday (if all doses separated by at least 4 weeks) – <b>Follow CDC recommendations for students 18 years of age and older.</b>
Rubeola (Measles)  Rubella (German Measles)  Mumps	5K - 12	Two (2) doses of Rubeola (Measles) vaccine with both doses received on or after the first birthday and separated by at least one month.  One (1) dose of Rubella (German Measles) vaccine received on or after the first birthday.  One (1) dose of Mumps vaccine received on or after the first birthday.
Hepatitis B	5K – 12	Three (3) doses of Hepatitis B vaccine.
Varicella	5K	Two (2) doses of Varicella vaccine with both doses received on or after the first birthday separated by 12 weeks (children <13 years) or 4 weeks (children ≥ 13 years) or positive history of disease.
	1 - 12	One (1) dose of Varicella vaccine with received on or after the first birthday or positive history of disease.

**Entrance Age Requirements:** Students registering for kindergarten must be five years-old on or before September 1. Students registering for first grade must be six years-old on or before September 1.

**Immunizations are available at your local Health Department. Proof of immunization is required at the time of registration. If you have questions about immunization, contact your local medical provider or your local Health Department at 843.915.8800 (Conway), 843.448.8407 (Myrtle Beach), 843.399.5553 (N. Myrtle Beach), and 843.756.4027(Loris).**



**Academy of Hope**  
**3521 Juniper Bay Road • Conway, SC 29527**  
**Phone: 843.397.5719 • Fax: 843.397.5712**

**Year 2014-2015**

Date: \_\_\_\_\_

**STUDENT/PARENT INFORMATION SHEET**

Last Name \_\_\_\_\_ First Name \_\_\_\_\_ Middle Name \_\_\_\_\_

\*\*\*As it appears on Birth Certificate \*\*\*\*

Home Address \_\_\_\_\_ City \_\_\_\_\_, SC ZIP \_\_\_\_\_

Mailing Address \_\_\_\_\_ City \_\_\_\_\_, SC ZIP \_\_\_\_\_

Home Telephone Number \_\_\_\_\_ DOB \_\_\_\_\_ Grade \_\_\_\_\_ Sex \_\_\_\_\_

Ethnicity: (Please circle one) Asian African/American African American/American Indian Hispanic Other  
 American Indian Hawaiian/Pacific Islander White White/Asian White/African American White/American Indian

Social Security # \_\_\_\_\_ Place of Birth \_\_\_\_\_

Has this student ever attended school in Horry County? YES \_\_\_\_\_ NO \_\_\_\_\_  
 IF yes, what was the name of the school \_\_\_\_\_

**NEW TO HORRY COUNTY SCHOOLS** - Parents are responsible for providing/obtaining student educational records from any previous school district.

Name and address of the last school attended:  
 \_\_\_\_\_  
 \_\_\_\_\_

Father's name \_\_\_\_\_ work number \_\_\_\_\_ Cell number \_\_\_\_\_

Mother's name \_\_\_\_\_ work number \_\_\_\_\_ Cell number \_\_\_\_\_

Guardian's name \_\_\_\_\_ work number \_\_\_\_\_ Cell number \_\_\_\_\_

Father's address \_\_\_\_\_

Mother's address \_\_\_\_\_

Guardian's address \_\_\_\_\_

Home phone # \_\_\_\_\_

Home Email \_\_\_\_\_ Work Email \_\_\_\_\_

Student lives with: Both Parents \_\_\_\_\_ Mother \_\_\_\_\_ Father \_\_\_\_\_ Stepmother \_\_\_\_\_ Stepfather \_\_\_\_\_ Legal Guardian \_\_\_\_\_  
 Foster Mother \_\_\_\_\_ Foster Father \_\_\_\_\_ (Must provide court documentation at enrollment) **NOTE: Parents are responsible for alerting school staff to any court documentation that impacts custodial rights, educational rights to student records, visitation, etc. Copies of these documents must be provided to the school.**

Does this student have an IEP? NO \_\_\_\_\_ YES \_\_\_\_\_ Does this student have a 504 Plan? NO \_\_\_\_\_ YES \_\_\_\_\_

Has this student received IEP/504 testing? NO \_\_\_\_\_ YES \_\_\_\_\_ When: \_\_\_\_\_ Where: \_\_\_\_\_

PARENT/GUARDIAN SIGNATURE \_\_\_\_\_

Date: \_\_\_\_\_



**Academy of Hope**  
**3521 Juniper Bay Road • Conway, SC 29527**  
**Phone: 843.397.5719 • Fax: 843.397.5712**

**Year 2014-2015**

**STUDENT HEALTH INFORMATION**

Student Name \_\_\_\_\_

Grade \_\_\_\_\_ Date of Birth \_\_\_\_\_

Parent/Guardians \_\_\_\_\_

Home Phone # \_\_\_\_\_ Mother's Work # \_\_\_\_\_ Mother's Cell # \_\_\_\_\_

Father's Work # \_\_\_\_\_ Father's Cell# \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City \_\_\_\_\_ South Carolina, Zip Code \_\_\_\_\_

**Emergency Contacts (Other than Parents/Guardians)**

Contact #1 \_\_\_\_\_ Phone # \_\_\_\_\_ Relationship \_\_\_\_\_

Contact #2 \_\_\_\_\_ Phone # \_\_\_\_\_ Relationship \_\_\_\_\_

Contact #3 \_\_\_\_\_ Phone # \_\_\_\_\_ Relationship \_\_\_\_\_

Primary Physician \_\_\_\_\_ Phone # \_\_\_\_\_

MEDICAL ALERTS/Allergies \_\_\_\_\_

Please indicate any of the following medical conditions that have been documented by a physician. All information is confidential. The school nurse will use this information in planning the health needs of the students and updating the student's health record.

Please check answers to the following questions in columns on the left. (Explain all "yes" answers in the space provided below)

YES NO

1.   Do you have any concerns about your child's general health (overall eating and sleeping habits, teeth, etc.)?
2.   Has your child been diagnosed with any chronic diseases?  Asthma  Diabetes  Seizure Disorder  Other
3.   Does your child have any allergies ( food, insects, medication, latex, etc.)?
4.   Does your child have any problems with vision, hearing, or speech (glasses, contacts, ear tubes, hearing aids)?
5.   Has your child had any hospitalizations, operations, major/serious illness or injury, or accidents? (Please specify)
6.   Has your child experienced any difficulty with wheezing, excessive coughing, excessive night waking, excessive weight loss or weight gain, or excessive thirst or urination? (Please Specify)
7.   Does your child take any medicines – Prescription or over the counter – on a daily or frequent basis? (Please list below)

Please explain any "Yes" answers here. For illnesses/injuries/ etc., include the year and /or child's age at the time.

\_\_\_\_\_  
 \_\_\_\_\_

**I give permission for release of information on this form for confidential use in meeting my child's health and educational needs in school.**

Signature of Parent/Guardian \_\_\_\_\_

Date \_\_\_\_\_

## McKinney-Vento Act Identification Form

The Federal McKinney-Vento Assistance Act ensures education rights and protections for children and youth experiencing housing difficulties or loss of housing. In order to serve these students in every way available, we need to identify those in situations that may qualify. Please complete the following:

Student Name \_\_\_\_\_ School \_\_\_\_\_

Grade \_\_\_\_\_ ID # \_\_\_\_\_ Teacher \_\_\_\_\_

### Please check option for the student being enrolled:

A. \_\_\_\_\_ has a fixed, regular and adequate nighttime residence and is not temporarily sharing housing. (Please supply proof of residence for new students.) *In this situation, the family is NOT considered homeless. If "A" is checked, do not check any options below.*

B. \_\_\_\_\_ does not have a fixed, regular and adequate nighttime residence. Explain situation:

\_\_\_\_\_

C. \_\_\_\_\_ is temporarily **sharing the housing** of other persons, including relatives or friends, due to: \_\_\_\_\_ loss of housing, \_\_\_\_\_ economic hardship or \_\_\_\_\_

D. \_\_\_\_\_ is living in **temporary housing** (motel, hotel, etc.).

E. \_\_\_\_\_ is living in a **shelter**. Name of shelter: \_\_\_\_\_

F. \_\_\_\_\_ is living in **unsheltered places** not ordinarily used as regular sleeping accommodations (e.g., cars, parks, campgrounds, etc.).

G. \_\_\_\_\_ is living in **substandard housing** (lack of hot or cold water, flush toilet, electricity, etc.).

H. \_\_\_\_\_ is **unable** to live with a parent or legal guardian due to family difficulties.

Please explain: \_\_\_\_\_

School(s) child previously attended (if any) \_\_\_\_\_

Documents not available: \_\_\_\_\_ Birth Certificate \_\_\_\_\_ Social Security \_\_\_\_\_ Immunization

Reason document(s) not available: \_\_\_\_\_

Are other children in the home enrolled in Horry County Schools? \_\_\_\_\_ yes \_\_\_\_\_ no

If yes, please provide the name(s) and school(s) attended. *The administration of the Horry County school in which the child attends is responsible for submitting the appropriate forms.*

Name(s) \_\_\_\_\_

School(s) \_\_\_\_\_

Are preschool-aged children in the home? \_\_\_\_\_ yes \_\_\_\_\_ no

If yes, what are their names and ages? \_\_\_\_\_

Daycare or preschool they attend: \_\_\_\_\_

School Personnel Signature \_\_\_\_\_ Date \_\_\_\_\_



**Academy of Hope**  
**3521 Juniper Bay Road • Conway, SC 29527**  
**Phone: 843.397.5719 • Fax: 843.397.5712**

**Year 2014-2015**

**ADDITIONAL VERIFICATION OF RESIDENCY**

**\*\*\*Please fill-in ONE form per Family\*\*\***

**Vehicle Information**

I understand that, unless special arrangements have been made, my child's primary residence must be in Horry County, South Carolina, in order for me to register in the Academy of Hope Charter School.

**(Please list Child's/Children Full Name below)**

1) \_\_\_\_\_ 2) \_\_\_\_\_ 3) \_\_\_\_\_

4) \_\_\_\_\_ 5) \_\_\_\_\_ 6) \_\_\_\_\_

The license plate numbers and state of registration for vehicles owned by our family members which may be driven or parked on school grounds are as follows:

Vehicle Tag Number	State of Vehicle Registration	If vehicle is registered in S.C., is it registered in Horry County?			
_____	_____	___ Yes ___	___ No: ___	registered in _____	County
_____	_____	___ Yes ___	___ No: ___	registered in _____	County
_____	_____	___ Yes ___	___ No: ___	registered in _____	County

My street address (a P.O. Box address is not acceptable), work address, and telephone number(s) are as follows:

Street address: \_\_\_\_\_  
 City, State Zip \_\_\_\_\_  
 Home telephone: \_\_\_\_\_

Work address: \_\_\_\_\_  
 City, State Zip \_\_\_\_\_  
 Work telephone: \_\_\_\_\_

I understand that the foregoing information may be used by the Academy of Hope or shared with appropriate state or county agencies for purposes of determining residency and for complying with South Carolina statutes, including Section 56-3-210, which requires a person acquiring a new or used vehicle, or moving a vehicle purchased or registered outside S.C. into this state, to place a "permanent" license plate on the vehicle within forty-five calendar days unless otherwise provided by law.

Signature: \_\_\_\_\_

Print Name: \_\_\_\_\_

Date: \_\_\_\_\_



**Academy of Hope**  
**3521 Juniper Bay Road • Conway, SC 29527**  
**Phone: 843.397.5719 • Fax: 843.397.5712**

Year 2014-2015

**TRANSPORTATION INFORMATION**  
**\*\*\*Please fill-in ONE form per Family\*\*\***

We have two bus routes that pick up/drop off at community stops. Additional stops will be added as they become necessary. The list of community stops/times will be available at least one week prior to the start of school. Please check the website for updates.

Student's Name \_\_\_\_\_ Grade \_\_\_\_\_

Please place an  by the following questions regarding your child's transportation to and from school.

AM:  Bus Rider  Car Rider  After-school program

PM:  Bus Rider  Car Rider

AM STOP: \_\_\_\_\_

PM STOP: \_\_\_\_\_

**(NEIGHBORHOOD COMMUNITY)**

Name of  
 Subdivision/Address: \_\_\_\_\_

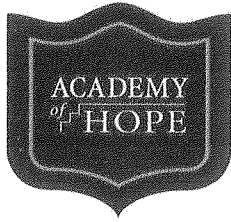
---

**FOR OFFICE USE ONLY:**

AM Bus & Stop: \_\_\_\_\_

PM Bus & Stop: \_\_\_\_\_

After-school  
 program: \_\_\_\_\_



Academy of Hope  
 3521 Juniper Bay Road  
 Conway, SC 29527  
 Phone: 843.397.5719  
 Fax: 843.397.5712  
[info@theacademyofhope.org](mailto:info@theacademyofhope.org)  
[www.theacademyofhope.org](http://www.theacademyofhope.org)

## Academy of Hope 2014 – 2015 Student After Care Registration *“Homework & Fun Activities in A Safe Environment”*

**Program Hours:**

Monday thru Friday

3:00PM – 6:00PM (\$1.00 per minute every minute after 6:00PM due immediately upon pick-up).

**Program Cost:**

Registration Fee: \$25.00

Daily Rate: \$10.00 per day (children will automatically be placed in Hope After Care if not picked up by 3:15PM.

\$50.00 PER WEEK—1 child

\$40.00 PER WEEK PER CHILD (2 children) = \$80.00 PER WEEK

\$30.00 PER WEEK PER CHILD (3 children) = \$90.00 PER WEEK

**Payments are due each Monday for the week of service. Daily Rates must be paid at the time of pick-up or in advance if known. Payments may be made with via cash, check, or credit card by contacting Nakisha Frazier at 843-397-5719.**

If you're interested please complete the form below and return it with your child's registration packet. Once we receive your form, you'll receive confirmation from Charmaine Wilkes, Program Director/Guidance Counselor.

**\*\*\*\*\*SPACES ARE FIRST COME FIRST SERVE\*\*\*\*\***

<b>PARENT/GUARDIAN NAME(S)</b>	
<b>EMERGENCY CONTACT NUMBER(S)</b>	
<b>CHILD/CHILDREN</b>	
<b>GRADE(S)</b>	
<b>CHILD/CHILDREN'S TEACHER(S)</b>	
<b>PERSON PICKING UP CHILD(REN) &amp; CONTACT NUMBER</b>	

Please notify us in **ADVANCE** of any changes or responsible party pick-up changes or your child will not be released.



**Academy of Hope**

3521 Juniper Bay Road • Conway, SC 29527 • Phone: 843.397.5719 • Fax: 843.397.5712 • www.theacademyofhope.org

**Program: School Activities during the 2014-2015 School Year**

**PHOTOGRAPHED/VIDEOTAPED/INTERNET USAGE PERMISSION FORM**

**Student's Name** \_\_\_\_\_ **Grade** \_\_\_\_\_

**PHOTOGRAPHED/VIDEOTAPED PERMISSION**

*This permission form has been signed only after understanding and considering the following:*

1. The student may appear in and be named in a videotape or photograph made by the school for the program indicated above.
2. The participation of the student is voluntary and is provided without charge to the Academy of Hope or its representatives and without expectation for payment, now or later, from the Academy of Hope or its representatives.
3. The sole owner of all rights in and to the Program and the recordings thereof for all purposes is the Academy of Hope's.
4. I irrevocable authorize the Academy of Hope, its successors and assigns and those acting under its permission or authority, to copyright, broadcast, use, display, reproduce, distribute, and/or publish the above-described program for any lawful purpose whatsoever.

I release and waive, and further agree to indemnify, hold harmless or reimburse the Academy of Hope, the individual members, agents, employees and representatives thereof, from and against, any claim which I, any other parent or guardian, any sibling, the student or any other person, firm or corporation may have or claim to have, known or unknown, directly or indirectly, for any losses, damages, or injuries arising out of, during, or in connection with the student's participation in the production of the Program and/or its distribution.

**Parent/Guardian Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**INTERNET USAGE PERMISSION FORM**

With your permission your child will be able to access the Internet at school as part of their class instruction. Below are the rules for use at the school. Please read before you consider granting permission.

**Guidelines for Internet Usage**

1. All students must have a signed permission slip from their parents that authorizes them access to the Internet.
2. Respect for the equipment of the school and its network is a condition for use of the computers.
3. Students are to notify the teacher/AOH representative immediately of any disturbing material they may encounter on the web or in e-mail.
4. Students are not to give out personal information like telephone number, full name, address, etc. to anyone on the Internet.
5. Students are to never give anyone their password to any of their accounts or allow another student to use their account to access the Internet or school network.
6. Students must gain clearance from the teacher/AOH representative before downloading any programs from the Internet.
7. All external jump drives brought to the lab or library to be used in the computers must first be scanned for viruses by the teacher/AOH representative.

*Violation of any of these rules may result in forfeiture of permission to use the Internet and school network and/or appropriate disciplinary action. Please sign below if granting permission and have the entire form returned.*

I give permission for my child to access the Internet and publish class-related information on it in accordance with the above guidelines.

**Parent/Guardian Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_



**Academy of Hope**  
**3521 Juniper Bay Road • Conway, SC 29527**  
**Phone: 843.397.5719 • Fax: 843.397.5712**  
**www.theacademyofhope.org**

**MEDICAID RELEASE OF INFORMATION**

**Consent for Treatment, Release of Information, and Medicaid Reimbursement**

_____	_____	_____
Student's Full Name	Date of Birth	School
_____	_____	
Parent's Name	Student's Social Security Number	
	_____	
	Student's Medicaid Number	

Academy of Hope and the South Carolina Department of Education have my permission to provide health-related services to my child and to release and exchange medical and other confidential information, as necessary, to the Department of Health and Human Services and any third party insurance carrier regarding health-related services provided to my child prior to the date of this consent or thereafter for services that the school district/agency will provide in the future.

By signing this form, I give Academy of Hope and The South Carolina Department of Education my permission to bill Medicaid and any third party insurance and receive payment from Medicaid or any third party insurer for health-related services as set forth in my child's individualized education program (IEP), and for psychological evaluation services, nursing services, school based mental health services, and other health-related treatment services billable to Medicaid without the requirement of an IEP.

I understand that Medicaid reimbursement for health-related services provided by Academy of Hope and the South Carolina Department of Education will not affect any other Medicaid services for which my child is eligible. I understand that my child will receive the services listed in the IEP regardless of whether I enroll my child in public or private benefits or insurance programs. I also understand that my refusal to allow access to the Department of Health and Human Services or any third party insurance carrier does not relieve the District of its responsibility to ensure that all required services are provided at no cost to me.

I understand that the granting of consent is voluntary on my part and may be revoked at anytime. If I later revoke consent, that revocation is not retroactive (i.e., it does not negate an action that has occurred after the consent was given and before the consent was revoked).

I also understand that Academy of Hope and the South Carolina Department of Education will operate under the guidelines of the Family Educational Rights and Privacy Act (FERPA) to ensure confidentiality regarding my child's treatment and provision of health related services.

Signature \_\_\_\_\_ Date \_\_\_\_\_

- Parent     Guardian     Surrogate parent     Student if over 18

# Academy of Hope

## Language Survey for New Students

↓ This section to be completed by the School's Office Staff ↓

Have every new student enrolling at your school complete this form.

- A. If the answer to Questions 1, 2, or 3 below is any language other than English, then
1. Place a copy of this completed form, including Student Identifying Number (SIN), in the ESOL teacher's mailbox *immediately*.
  2. File the original form in the student's permanent record.
  3. The ESOL teacher will inform the data quality clerk of the appropriate ESL/English Proficiency Code for PowerSchool.
- B. If the answers to Questions 1, 2, and 3 below are English, then
1. File the original form in the student's permanent record.
  2. The ESL/English Proficiency Code for PowerSchool will be "9".

School: \_\_\_\_\_ Student ID No.: \_\_\_\_\_ Today's Date: \_\_\_\_\_

↓ This section to be completed by parent (Grades Pre K – 12) or by student (GRADES 6-12) ↓

Student's Last Name	Student's First Name	Student's Middle Name	
Grade	Date of Birth mm ____ dd ____ yy ____	Age	Gender <input type="checkbox"/> Male <input type="checkbox"/> Female

1. What was the first language the student learned to speak? \_\_\_\_\_
2. What language does the student most often speak? \_\_\_\_\_
3. What language is most often spoken in the student's home? \_\_\_\_\_
4. What is the student's country of birth? \_\_\_\_\_
5. When did the student first enter a school in the USA? Month \_\_\_\_ Day \_\_\_\_ Year \_\_\_\_
6. Name and location of the school last attended: \_\_\_\_\_

Parent's Signature (Grades Pre K-12): \_\_\_\_\_ Date: \_\_\_\_\_  
 or  
 Student's Signature (Grades 6-12): \_\_\_\_\_ Date: \_\_\_\_\_

↓ This section will be completed by ESOL Teacher ↓

Date Tested	Test Administered By:	Does the Student Qualify for Services?
		<input type="checkbox"/> No <input type="checkbox"/> Yes (specify ESL Code: _____)



**Academy of Hope**  
**3521 Juniper Bay Road • Conway, SC 29527**  
**Phone: 843.397.5719 • Fax: 843.397.5712**  
**www.theacademyofhope.org**

**TRANSFER OF STUDENT RECORDS**

STUDENT:

Last Name \_\_\_\_\_ First Name \_\_\_\_\_

Date of Birth \_\_\_\_\_ Grade \_\_\_\_\_

Name and State of school last attended: \_\_\_\_\_ State \_\_\_\_\_

Phone or fax number of last school attended: Fax \_\_\_\_\_ Phone \_\_\_\_\_

Please forward the following information to:

Academy of Hope  
 3521 Juniper Bay Road  
 Conway, SC 29527  
 Phone: 843.397.5719 • Fax: 843.397-5712

Is the student: **Gifted and Talented?** YES \_\_\_\_\_ NO \_\_\_\_\_

Is the student: **English Second Language?** YES \_\_\_\_\_ NO \_\_\_\_\_

Is the student currently in the **SST Process?** (Elementary Only) YES \_\_\_\_\_ NO \_\_\_\_\_

If yes, please forward the intervention plan along with the cumulative record.

Does the student have a **504 Plan?** YES \_\_\_\_\_ NO \_\_\_\_\_

If yes, please send a copy of the 504 Plan along with the cumulative record.

Does the student have a **current IEP?** YES \_\_\_\_\_ NO \_\_\_\_\_

If yes, please forward the IEP along with the cumulative records. Follow the established special education procedures for transferring records.

Transfer of records should contain the following information:

1. Official Transcript of Grades/Permanent Records
2. Withdrawal Form with transfer grades for the current year
3. Health/Immunization Record
4. Printout of Discipline Record
5. Printout of Attendance Record
6. Standardized Test Scores
7. Copy of Birth Certificate
8. Applicable Legal/Court Documents

PARENT/GUARDIAN SIGNATURE \_\_\_\_\_

Date: \_\_\_\_\_

*A copy of this "Transfer of Student Records" form must be kept on file in both the sending and receiving schools.*



**Academy of Hope**  
**3521 Juniper Bay Road • Conway, SC 29527**  
**Phone: 843.397.5719 • Fax: 843.397.5712**  
**info@theacademyofhope.org • www.theacademyofhope.org**

**Academy of Hope Uniform:**

**Top: Academy of Hope Polo (burgundy or black)**

**Bottom: Khaki Bottoms (boys: shorts or pants; girls: shorts, pants, skort or jumper)**

**Shoes: Closed-toe, rubber sole shoes**

**Socks/Tights: Solid Neutral Color (black, brown, white, khaki, or burgundy)**

**UNIFORM ORDER INSTRUCTIONS**

You may purchase uniform khaki bottoms from the store of your choice. Shorts, skirts and jumpers should be of adequate length to assure modesty when the student is seated or engaged in school activities.

New Wave is a local vendor that has been servicing many of the schools in this area.

Prices are listed below:

<b>SHORT-SLEEVE ACADEMY OF HOPE POLO</b>	
Youth (Sizes: XS - XL)	\$15.12 including tax
Adult (Sizes: S - 2XL)	\$16.28 including tax

**To order uniforms from New Wave, please contact Curt or David at:**

**New Wave Embroidery**

**843-916-8283**

**738 8<sup>th</sup> Ave. North**

**Myrtle Beach, SC 29577**

We will have a **limited** supply available at the school but you are encouraged to purchase them directly from the vendor. They will be available on a first come, first served basis. If you choose to purchase them from the school, the cost is listed below:

<b>SHORT-SLEEVE ACADEMY OF HOPE POLO</b>	
Youth (Sizes: XS - XL)	\$15.25 including tax and handling fee
Adult (Sizes: S - 2XL)	\$16.50 including tax and handling fee

If you have any questions, please feel free to contact us at 843-397-5719 or info@theacademyofhope.org.

Thank You.



Academy of Hope  
3521 Juniper Bay Road • Conway, SC 29527  
Phone: 843.397.5719 • Fax: 843.397.5712  
www.theacademyofhope.org

2014-2015 Academic Year

Do you have an hour available a week?  
We would love your help.

If you are interested in volunteering, please fill out the  
**Volunteer Application form/Background Check.**

*Below is a list of some activities/areas where you can assist:  
Please place and X in box of interested areas.*

- |                                        |                                                         |
|----------------------------------------|---------------------------------------------------------|
| <input type="checkbox"/> Reading Buddy | <input type="checkbox"/> Office Assistant               |
| <input type="checkbox"/> Tutoring      | <input type="checkbox"/> <u>Recreational Activities</u> |
| <input type="checkbox"/> Mentoring     | (sports, cheerleading, etc.)                            |
| <input type="checkbox"/> Creative Arts | <input type="checkbox"/> Technology                     |
| <input type="checkbox"/> Teacher's Aid | <input type="checkbox"/> Homework Helper                |
| <input type="checkbox"/> PTO           |                                                         |

Name: \_\_\_\_\_

DOB: \_\_\_\_\_

SS#: \_\_\_\_\_

Address: \_\_\_\_\_

Even if you can only volunteer an hour a month or from your home;  
we would still appreciate your help.

# SOUTH CAROLINA LAW ENFORCEMENT DIVISION

NIKKI R. HALEY  
Governor



MARK A. KEEL  
Chief

## CRIMINAL RECORDS CHECK

(Please print your completed form and submit to SLED. You may want to print a copy for your records.)

FULL NAME (with middle name): \_\_\_\_\_

AKA and/or MAIDEN NAMES: \_\_\_\_\_

DOB: \_\_\_\_\_

SSN \_\_\_\_\_

(Federal law permits governmental agencies to require a social security number in order to conduct official business; however, private entities may only obtain social security numbers if given voluntarily).

NAME OF CHARITABLE ORGANIZATION (if applicable): \_\_\_\_\_

CHARITABLE VERIFICATION ACCOUNT # (if applicable): \_\_\_\_\_

### PLEASE NOTE:

The fee is twenty-five dollars (\$25) unless you are a charitable organization approved for a fee of eight dollars (\$8). A charitable organization must include its name and account number or the request may not be processed. Payment must be business check, certified/cashier's check or money order payable to SLED. ~~PERSONAL CHECKS WILL NOT BE ACCEPTED~~ This report contains records of arrests and convictions made by state/local agencies in South Carolina only. Alteration of a completed criminal records check may subject a person to criminal prosecution. A completed criminal records check should not be accepted unless it bears an original SLED stamp. \*Please enclose a self addressed stamped envelope for the return of your record check.

***SLED RECORDS SECTION HAS BEEN CLOSED TO THE PUBLIC SINCE DECEMBER 15, 2008.***

(CJ-022) 5/11/11





## 2014 – 2015 School Supply List

<u>Kindergarten</u>	<u>Second Grade</u>	<u>Fourth Grade</u>
<ul style="list-style-type: none"> <li><input type="checkbox"/> Bookbag</li> <li><input type="checkbox"/> 1 1 inch binder*</li> <li><input type="checkbox"/> Pencils (10 or more)</li> <li><input type="checkbox"/> 1 Pack dry erase markers</li> <li><input type="checkbox"/> 1 Box of crayons (16 or more)</li> <li><input type="checkbox"/> 1 Box of markers</li> <li><input type="checkbox"/> 12 Glue sticks</li> <li><input type="checkbox"/> 2 or more boxes of tissues</li> <li><input type="checkbox"/> 1 blunt pair of child safety scissors</li> <li><input type="checkbox"/> 3 Folders with inside pockets and prongs</li> <li><input type="checkbox"/> 1 clean black sock (used for dry erase boards)</li> <li><input type="checkbox"/> 1 Quart size box of plastic storage bags with zipper</li> <li><input type="checkbox"/> 1 Gallon size box of plastic storage bags with zipper</li> <li><input type="checkbox"/> 1 pair of headphones (in plastic storage bag with zipper, labeled with name and grade)</li> <li><input type="checkbox"/> 1 Pack of pencil top erasers</li> </ul>	<ul style="list-style-type: none"> <li><input type="checkbox"/> 3 Marble composition books</li> <li><input type="checkbox"/> 1 Pack of loose leaf notebook paper (wide-ruled)</li> <li><input type="checkbox"/> Yellow pencils and erasers</li> <li><input type="checkbox"/> 8 Dry erase markers</li> <li><input type="checkbox"/> 2 Red pens</li> <li><input type="checkbox"/> 2 Boxes of tissue</li> <li><input type="checkbox"/> 1 Quart size box of plastic storage bags with zipper</li> <li><input type="checkbox"/> 1 Gallon size box of plastic storage bags with zipper</li> <li><input type="checkbox"/> Hand sanitizer</li> <li><input type="checkbox"/> Clorox wipes</li> <li><input type="checkbox"/> 2 Plastic 3 prong pocket folders</li> <li><input type="checkbox"/> 1 Box of 24 crayons</li> <li><input type="checkbox"/> 1 Blunt pair of child safety scissors</li> <li><input type="checkbox"/> 1 Pack of colored pencils</li> <li><input type="checkbox"/> 1 Pack of glue sticks</li> <li><input type="checkbox"/> 1 Pair of headphones</li> <li><input type="checkbox"/> 1 1G USB Flash drive (JumpDrive®)</li> </ul>	<ul style="list-style-type: none"> <li><input type="checkbox"/> 1 2 inch Binder</li> <li><input type="checkbox"/> 2 Marble black &amp; white composition notebooks (narrowed ruled)</li> <li><input type="checkbox"/> 1 Pack of #2 pencils</li> <li><input type="checkbox"/> 1 Red pen</li> <li><input type="checkbox"/> 2 Jumbo glue sticks</li> <li><input type="checkbox"/> 1 Clipboard</li> <li><input type="checkbox"/> 1 Highlighter</li> <li><input type="checkbox"/> 1 Pair of black socks (used for dry erase boards)</li> <li><input type="checkbox"/> 4 Packs of notebook paper</li> <li><input type="checkbox"/> 1 Pack of dividers</li> <li><input type="checkbox"/> 1 Box of tissues</li> <li><input type="checkbox"/> 1 Bottle of hand sanitizer</li> <li><input type="checkbox"/> 1 Pack of colored pencils</li> <li><input type="checkbox"/> 1 Pair of headphones</li> <li><input type="checkbox"/> 1 1G USB Flash drive (JumpDrive®)</li> </ul>
<p>* We will share most of our supplies in the classroom. ONLY label supplies with your child's name if there is an asterisk by it.</p> <p><b>Wish List:</b>            Clorox wipes            Hand sanitizer            Hand soap            Watercolor paint            Baby wipes/face wipes            Elmer's white school glue</p>	<h3 style="text-align: center;"><u>Third Grade</u></h3> <ul style="list-style-type: none"> <li><input type="checkbox"/> 1 2 inch binder</li> <li><input type="checkbox"/> 2 Marble black &amp; white composition books</li> <li><input type="checkbox"/> 2 Packs of pencils</li> <li><input type="checkbox"/> 2 Large glue sticks</li> <li><input type="checkbox"/> 4 Pocket folders with prongs</li> <li><input type="checkbox"/> 3 Packs of notebook paper</li> <li><input type="checkbox"/> 1 Pack of dividers</li> <li><input type="checkbox"/> 1 Box of crayons (24 count)</li> <li><input type="checkbox"/> 1 Pack of sticky notes</li> <li><input type="checkbox"/> 4 Dry erase markers</li> <li><input type="checkbox"/> 1 Pair of black socks (used for dry erase boards)</li> <li><input type="checkbox"/> 1 Box of tissues</li> <li><input type="checkbox"/> 1 Pack of 3x5 Index cards</li> <li><input type="checkbox"/> 1 Pack of colored pencils</li> <li><input type="checkbox"/> 1 Pair of headphones</li> <li><input type="checkbox"/> 1 USB Flash Drive (JumpDrive®)</li> </ul> <p><b>Wish List:</b>            Hand Soap            Hand Sanitizer            Highlighters            Scissors            Notecards</p>	<h3 style="text-align: center;"><u>Fifth Grade</u></h3> <ul style="list-style-type: none"> <li><input type="checkbox"/> 2 Packs of #2 wood pencils</li> <li><input type="checkbox"/> 2 Packs of loose leaf notebook paper</li> <li><input type="checkbox"/> 4 Marble black &amp; white composition notebooks (narrowed ruled)</li> <li><input type="checkbox"/> 2 Dry erase markers</li> <li><input type="checkbox"/> 1 Pack of colored pencils</li> <li><input type="checkbox"/> 6 Jumbo glue sticks</li> <li><input type="checkbox"/> 1 Red pen</li> <li><input type="checkbox"/> 1 Pack of yellow highlighters</li> <li><input type="checkbox"/> 1 Pack of sticky notes</li> <li><input type="checkbox"/> 1 Pack of 3x5 index cards</li> <li><input type="checkbox"/> 2 Box of tissues</li> <li><input type="checkbox"/> 1 Pack of erasers</li> <li><input type="checkbox"/> 1 Pair of headphones</li> <li><input type="checkbox"/> 1 USB Flash Drive (JumpDrive®)</li> </ul>
<h3 style="text-align: center;"><u>First Grade</u></h3> <ul style="list-style-type: none"> <li><input type="checkbox"/> 1 Box of crayons (24 count)</li> <li><input type="checkbox"/> 1 Box of pencils</li> <li><input type="checkbox"/> 1 Pair of scissors</li> <li><input type="checkbox"/> 1 3 subject spiral notebook</li> <li><input type="checkbox"/> 4 Dry erase markers</li> <li><input type="checkbox"/> 1 black sock (used for dry erase boards)</li> <li><input type="checkbox"/> 1 Box of tissues</li> <li><input type="checkbox"/> 1 Quart size box of plastic storage bags with zipper</li> <li><input type="checkbox"/> 1 Gallon size box of plastic storage bags with zipper</li> <li><input type="checkbox"/> 1 Package of pencil erasers</li> <li><input type="checkbox"/> 1 Pack of sanitizing wipes</li> <li><input type="checkbox"/> 4 Marble black &amp; white composition notebooks (wide ruled)</li> <li><input type="checkbox"/> 12 Glue sticks</li> <li><input type="checkbox"/> 1 Pair of headphones</li> </ul>	<h3 style="text-align: center;"><u>Sixth/Seventh Grade</u></h3> <ul style="list-style-type: none"> <li><input type="checkbox"/> 2 Packs of #2 wood pencils</li> <li><input type="checkbox"/> 2 Packs of loose leaf notebook paper</li> <li><input type="checkbox"/> 4 Marble black &amp; white composition notebooks (narrowed ruled)</li> <li><input type="checkbox"/> 2 Dry erase markers</li> <li><input type="checkbox"/> 1 Pack of colored pencils</li> <li><input type="checkbox"/> 6 Jumbo glue sticks</li> <li><input type="checkbox"/> 1 Red pen</li> <li><input type="checkbox"/> 1 Pack of yellow highlighters</li> <li><input type="checkbox"/> 1 Pack of sticky notes</li> <li><input type="checkbox"/> 1 Pack of 3x5 index cards</li> <li><input type="checkbox"/> 2 Box of tissues</li> <li><input type="checkbox"/> 1 Pack of erasers</li> <li><input type="checkbox"/> 1 Pair of headphones</li> <li><input type="checkbox"/> 1 USB Flash Drive (JumpDrive®)</li> </ul>	



# TENTATIVE 2014 – 2015

## Community Bus Schedule locations

**Please arrive at the stop 5 minutes prior to the time listed below.**

Revised 03/31/14

*Times are subject to change*

### BUS #1 – RED

#### AM ROUTE (Buses arrive at school at 7:35am):

Location	Time
Highway 90 at Bridgewater Development	<b>6:25 am</b>
Kroger Lot at Carolina Forest (Behind Bojangles)	<b>6:40 am</b>
Highway 544 at CCU	<b>7:00 am</b>
Hess Gas Station at Highway 90 and 501 Business	<b>7:05 am</b>
Food Lion at 701 N (Meet behind BB&T Bank)	<b>7:15 am</b>
Highway 65 at Mossy Oak Mobile Home Park	<b>7:25 am</b>
Walmart (El Bethel Road side)	<b>7:38 am</b>

#### PM ROUTE (Buses load at 3:00pm and depart school at 3:05pm):

Location	Depart
Walmart (El Bethel Road side)	<b>3:10 pm</b>
Food Lion at 701N (Meet behind BB&T Bank)	<b>3:20 pm</b>
Hwy 65 at Mossy Oak Mobile Home Park	<b>3:30 pm</b>
Hwy. 544 at CCU	<b>3:45 pm</b>
Kroger Lot at Carolina Forest (Behind Bojangles)	<b>3:55 pm</b>
Highway 90 at Bridgewater Development	<b>4:10 pm</b>

#### Half-Day Transportation

Students will be picked up at their regular times and at their designated bus stop. Student drop-off times will be adjusted due to the half-day schedule. Students will be dropped off approximately three (3) hours earlier than their normal drop-off times.

**Please arrive at the stop 5 minutes prior to the time listed below.**

## **BUS #2 – GREEN**

### **AM ROUTE (Buses arrive at school at 7:20am):**

<b>Location</b>	<b>Time</b>
Bucksport @ 701S (Parking lot of Library/EMT)	<b>6:30 am</b>
Food Lion at 701S (Southside of parking lot)	<b>6:50 am</b>
Jamestown Baptist Church (Dirt parking lot in front of church, bus will pull into parking lot)	<b>7:00 am</b>
Bi-Lo at Church Street (9 <sup>th</sup> Ave. side of parking lot)	<b>7:10 am</b>

### **PM ROUTE (Buses load at 2:55pm and depart school at 3:00pm):**

<b>Location</b>	<b>Time</b>
Bi-Lo at Church Street (9 <sup>th</sup> Ave. side of parking lot)	<b>3:10 pm</b>
Grainger Road at Crane Creek Apartment Complex	<b>3:15 pm</b>
Jamestown Baptist Church (Dirt parking lot in front of church, bus will pull into parking lot)	<b>3:18 pm</b>
Food Lion at 701S (Southside of parking lot)	<b>3:25 pm</b>
Bucksport @ 701S (Parking lot of Library/EMT)	<b>3:45 pm</b>
Dongola Highway and Tidway Drive	<b>4:00 pm</b>

#### **Half-Day Transportation**

Students will be picked up at their regular times and at their designated bus stop. Student drop-off times will be adjusted due to the half-day schedule. Students will be dropped off approximately three (3) hours earlier than their normal drop-off times.