



Academy of Hope

3521 Juniper Bay Road • Conway, SC 29527

Phone: 843.397.5719 • Fax: 843.397.5712

info@theacademyofhope.org • www.theacademyofhope.org

School Registration Check List

NEW STUDENTS ONLY	
<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)

ALL STUDENTS	
<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 ***Please fill-in ONE form per Family***
<input type="checkbox"/>	Transportation Information ***Please fill-in ONE form per Family***
<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 2015

HANDOUTS	
<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 2015
<input type="checkbox"/>	Family Handbook – Available July 2015



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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 th birthday 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.
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 <u>OR</u> four (4) doses of IPV before 4 th birthday (if all doses separated by at least 4 weeks) – Follow CDC recommendations for students 18 years of age and older.
Rubeola (Measles)	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.
Rubella (German Measles)		One (1) dose of Rubella (German Measles) vaccine received on or after the first birthday.
Mumps		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).



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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: _____



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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

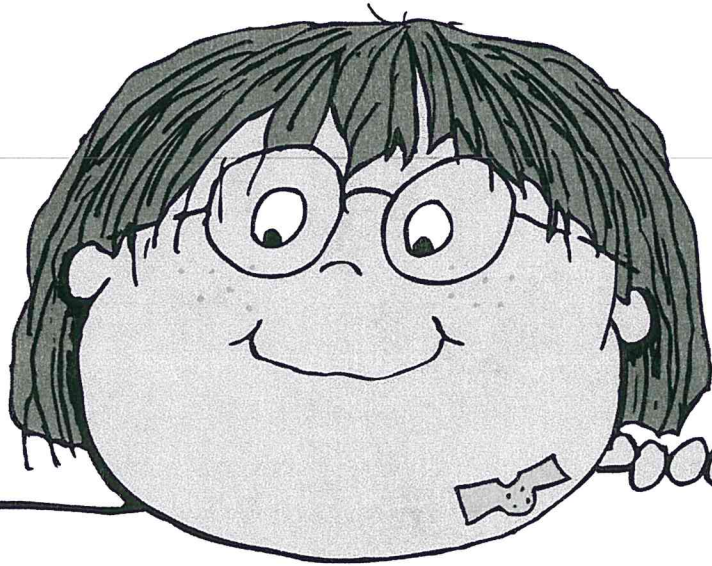
1. ☐ ☐ Do you have any concerns about your child's general health (overall eating and sleeping habits, teeth, etc.)?
2. ☐ ☐ Has your child been diagnosed with any chronic diseases? ☐Asthma ☐Diabetes ☐Seizure Disorder ☐Other
3. ☐ ☐ Does your child have any allergies (food, insects, medication, latex, 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 _____



Parent Information

*To better keep parents informed please
provide the following:*

Name: _____

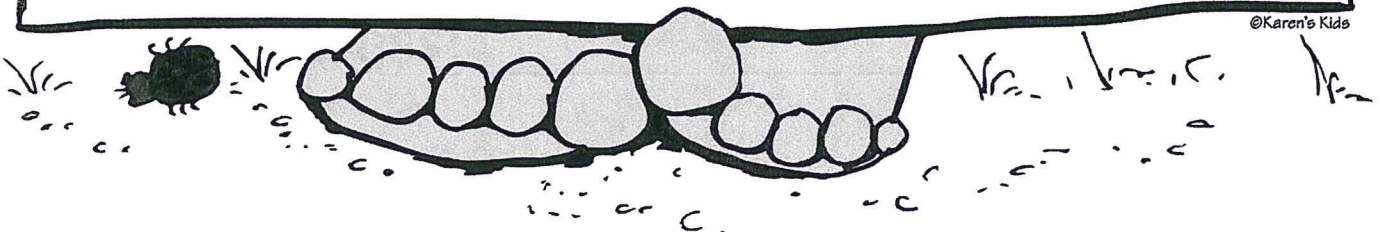
Email Address: _____

Facebook Name: _____

Please like us on **FACEBOOK**

www.facebook.com/theacademyofhope

©Karen's Kids





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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: _____



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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:** _____

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 _____



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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



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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
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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.

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 irrevocably 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.

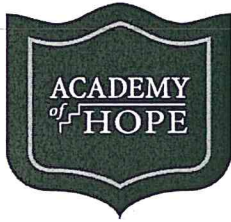
Guidelines for Internet Usage

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:** _____



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Academy of Hope 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*******

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

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



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2016-2017 Academic Year

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

If you are interested in volunteering, please fill out this
Volunteer Application form.

*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 | <input type="checkbox"/> Other Skills |

Name: _____

Address: _____

Phone: _____

Email: _____

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



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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:

SHORT-SLEEVE ACADEMY OF HOPE POLO	
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 8th 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:

SHORT-SLEEVE ACADEMY OF HOPE POLO	
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.



School Supply List

Kindergarten

- ☐ Bookbag
- ☐ 1 1 inch binder*
- ☐ Pencils (10 or more)
- ☐ 1 Pack dry erase markers
- ☐ 1 Box of crayons (16 or more)
- ☐ 1 Box of markers
- ☐ 12 Glue sticks
- ☐ 2 or more boxes of tissues
- ☐ 1 blunt pair of child safety scissors
- ☐ 3 Folders with inside pockets and prongs
- ☐ 1 clean colored sock (used for dry erase boards)
- ☐ 1 Quart size box of plastic storage bags with zipper
- ☐ 1 Gallon size box of plastic storage bags with zipper
- ☐ 1 pair of headphones (in plastic storage bag with zipper, labeled with name and grade)
- ☐ 1 Pack of pencil top erasers

* 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.

Wish List:

Clorox wipes
Hand sanitizer
Hand soap
Watercolor paint
Baby wipes/face wipes
Elmer's white school glue

First Grade

- ☐ 1 Box of crayons (24 count)
- ☐ 1 Box of pencils
- ☐ 1 Pair of scissors
- ☐ 1 3 subject spiral notebook
- ☐ 4 Dry erase markers
- ☐ 1 colored sock (used for dry erase boards)
- ☐ 1 Box of tissues
- ☐ 1 Quart size box of plastic storage bags with zipper
- ☐ 1 Gallon size box of plastic storage bags with zipper
- ☐ 1 Package of pencil erasers
- ☐ 1 Pack of sanitizing wipes
- ☐ 4 Marble black & white composition notebooks (wide ruled)
- ☐ 12 Glue sticks
- ☐ 1 Pair of headphones

Second Grade

- ☐ 3 Marble composition books
- ☐ 1 Pack of loose leaf notebook paper (wide-ruled)
- ☐ Yellow pencils and erasers
- ☐ 8 Dry erase markers
- ☐ 2 Red pens
- ☐ 2 Boxes of tissues
- ☐ 1 Quart size box of plastic storage bags with zipper
- ☐ 1 Gallon size box of plastic storage bags with zipper
- ☐ Hand sanitizer
- ☐ Clorox wipes
- ☐ 2 Plastic 3 prong pocket folders
- ☐ 1 Box of 24 crayons
- ☐ 1 Blunt pair of child safety scissors
- ☐ 1 Pack of colored pencils
- ☐ 1 Pack of glue sticks
- ☐ 1 Pair of headphones
- ☐ 1 1G USB Flash drive (JumpDrive®)

Third/ Fourth Grade

Math & Science

- ☐ 3 Packs of notebook paper
- ☐ 2 plastic 3 prong pocket folders

ELA & Social Studies

- ☐ 3 Composition notebooks (1 black/white marble & 2 reg. 150 sheet composition notebooks)
- ☐ 1 pack of sticky notes
- ☐ 1 pack of 3x 5 index cards

Grade level supplies

- ☐ 8 Jumbo glue sticks
- ☐ 2 packs of #2 pencils
- ☐ Pencil top easers
- ☐ 3 packs of notebook paper (wide ruled)
- ☐ 1 box of 24 count crayons
- ☐ 1 pack of dry erase markers (4 count)
- ☐ 2 boxes of tissue
- ☐ 1 pack of colored pencils
- ☐ 2 bottles of hand sanitizer
- ☐ 1 Pair headphones
- ☐ 1 1G USB Flash drive (JumpDrive®)

Fifth/Sixth Grade

- ☐ 2 Packs of #2 wood pencils
- ☐ 2 Packs of loose leaf notebook paper
- ☐ 8 Marble black & white composition notebooks (narrowed ruled)
- ☐ 2 Dry erase markers
- ☐ 1 Pack of colored pencils
- ☐ 6 Jumbo glue sticks
- ☐ 1 pack red pens
- ☐ 1 Pack of yellow highlighters
- ☐ 2 Pack of sticky notes
- ☐ 2 Pack of 3x5 index cards
- ☐ 2 Box of tissues
- ☐ 1 Pack of erasers
- ☐ 1 Pair of headphones
- ☐ 1 USB Flash Drive (JumpDrive®)

Seventh/Eighth Grade

- ☐ 2 Packs of #2 wood pencils
- ☐ 2 Packs of loose leaf notebook paper
- ☐ 8 Marble black & white composition notebooks (narrowed ruled)
- ☐ 2 Dry erase markers
- ☐ 1 Pack of colored pencils
- ☐ 6 Jumbo glue sticks
- ☐ 1 Pack Red pens
- ☐ 1 Pack of yellow highlighters
- ☐ 2 Pack of sticky notes
- ☐ 2 Pack of 3x5 index cards
- ☐ 2 Box of tissues
- ☐ 1 Pack of erasers
- ☐ 1 Pair of headphones
- ☐ 1 USB Flash Drive (JumpDrive®)

Community Bus Schedule locations

Revised 04/22/2016 Times are subject to change

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

BUS #1 – RED AM ROUTE

Location	Time
Kroger Lot at Carolina Forest (Behind Bojangles)	6:35 am
Skipper's Hwy 501	6:45 am
The Legacy Apartment Complex at Singleton Ridge Road	6:55 am
Foodlion Hwy 544	7:00 am
1403 2 nd Avenue	7:05 am
Oak & Boundary Street	7:20 am
Food Lion at 701 N (Meet behind BB&T Bank)	7:30 am
Walmart (El Bethel Road side)	7:35 am
Farmwood Circle	7:40 am

PM ROUTE

Location	Depart
Farmwood Circle	3:15 pm
Walmart (El Bethel Road side)	3:20 pm
Tiger Grand Development	3:25 pm
Food Lion at 701N (Meet behind BB&T Bank)	3:30 pm
Oak & Boundary Street	3:35 pm
The Legacy Apartment Complex at Singleton Ridge Road	3:35 pm
Foodlion Hwy 544	3:50 pm
Kroger Lot at Carolina Forest (Behind Bojangles)	4:15 pm
Skipper's Shop @ Hwy 501	4:30 pm
1403 2 nd Ave	4:40 pm

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

Location	Time
2792 Hugo Road off Dongola	6:05 am
Turkey Ridge MHP Dongola Hwy	6:15 am
Bucksport @ 701S (Parking lot of Library/EMT)	6:35 am
Food Lion at 701S	6:45 am
Jamestown Baptist Church (Dirt parking lot in front of church, bus will pull into parking lot)	7:05 am
9 th Avenue and Durant Street	7:08 am
Bi-Lo at Church Street (9 th Ave. side of parking lot)	7:15 am
Corner of 378 and Brown Street	7:15 am
Singleton Street & Hwy 378	7:18 am
Grainger Road @ Crane Creek Apartment Complex	7:20 am
Bell's Bay Landing Complex	7:30 am
Wayside Rd and Hwy 548 (Brown Swamp)	7:45 am

PM ROUTE

Location	Time
Brown Swamp	2:40 pm
Bells's Bay Landing Complex	3:05 pm
Grainger Road at SOS Daycare Center	3:10 pm
Grainger Road at Crane Creek Apartment Complex	3:12pm
Corner of 378 and Brown Street	3:15 pm
Singleton Street & Hwy 378	3:18 pm
9 th Avenue and Durant Street	3:20 pm
Bi-Lo at Church Street (9 th Ave. side of parking lot)	3:23 pm
19 th avenue at Hill Road	3:25 pm
Jamestown Baptist Church (Dirt parking lot in front of church, bus will pull into parking lot)	3:28 pm
Johnson Street @ Raintree Apartment Complex	3:30 pm
Food Lion at 701S	3:35 pm
Bucksport @ 701S (Parking lot of Library/EMT)	3:50 pm
2792 Hugo Road off Dongola	4:15pm
Turkey Ridge MHP Dongola Hwy	4:20pm

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.

School Name

2016-2017 School Calendar

July 2016						
Su	M	Tu	W	Th	F	S
					1	2
3	4	5	6	7	8	9
10	11	12	13	14	15	16
17	18	19	20	21	22	23
24	25	26	27	28	29	30
31						

August 2016						
Su	M	Tu	W	Th	F	S
	1	2	3	4	5	6
7	8	9	10	11	12	13
14	15	16	17	18	19	20
21	22	23	24	25	26	27
28	29	30	31			

September 2016						
Su	M	Tu	W	Th	F	S
				1	2	3
4	5	6	7	8	9	10
11	12	13	14	15	16	17
18	19	20	21	22	23	24
25	26	27	28	29	30	

October 2016						
Su	M	Tu	W	Th	F	S
						1
2	3	4	5	6	7	8
9	10	11	12	13	14	15
16	17	18	19	20	21	22
23	24	25	26	27	28	29
30	31					

November 2016						
Su	M	Tu	W	Th	F	S
		1	2	3	4	5
6	7	8	9	10	11	12
13	14	15	16	17	18	19
20	21	22	23	24	25	26
27	28	29	30			

December 2016						
Su	M	Tu	W	Th	F	S
				1	2	3
4	5	6	7	8	9	10
11	12	13	14	15	16	17
18	19	20	21	22	23	24
25	26	27	28	29	30	31

January 2017						
Su	M	Tu	W	Th	F	S
1	2	3	4	5	6	7
8	9	10	11	12	13	14
15	16	17	18	19	20	21
22	23	24	25	26	27	28
29	30	31				

February 2017						
Su	M	Tu	W	Th	F	S
			1	2	3	4
5	6	7	8	9	10	11
12	13	14	15	16	17	18
19	20	21	22	23	24	25
26	27	28				

March 2017						
Su	M	Tu	W	Th	F	S
			1	2	3	4
5	6	7	8	9	10	11
12	13	14	15	16	17	18
19	20	21	22	23	24	25
26	27	28	29	30	31	

April 2017						
Su	M	Tu	W	Th	F	S
						1
2	3	4	5	6	7	8
9	10	11	12	13	14	15
16	17	18	19	20	21	22
23	24	25	26	27	28	29
30						

May 2017						
Su	M	Tu	W	Th	F	S
	1	2	3	4	5	6
7	8	9	10	11	12	13
14	15	16	17	18	19	20
21	22	23	24	25	26	27
28	29	30	31			

June 2017						
Su	M	Tu	W	Th	F	S
4	5	6	7	8	9	10
11	12	13	14	15	16	17
18	19	20	21	22	23	24
25	26	27	28	29	30	



School Closed/ Holidays



Teacher in-Service Day (no school for students)



Early Dismissal



First and Last Day of School



Possible Make Up Day

DO NOT PURGE

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: _____)