



# Charleston Development Academy Public Charter School

233 Line Street (Main Campus) ♦ 165 St. Philip Street (Middle School) ♦ Charleston, South Carolina 29403

Main Campus Office: 843.722.2689 Fax: 843.722.2694 ♦ South Campus Office: 843.724.1030 Fax: 843.203.4735

Credentials required with application: Birth Certificate, Updated Immunization, Recent Report Card

A. STUDENT INFORMATION				2023-2024		Grade Level Applying For	
Student's Legal Last Name and Suffix			Student's Legal First Name		Student's Legal Middle Name		Student's Preferred Name
Today's Date	Gender <input type="checkbox"/> M <input type="checkbox"/> F	Date of Birth	Is the student Hispanic or Latino? <input type="checkbox"/> Yes <input type="checkbox"/> No		Race: (check all that apply) <input type="checkbox"/> American Indian or Alaskan Native <input type="checkbox"/> Asian <input type="checkbox"/> Black or African American <input type="checkbox"/> Native Hawaiian or Other Pacific Islander <input type="checkbox"/> White		
Home Address				Apt #	City		State Zip Code
Area/Neighborhood		Home Phone ( )		Daytime phone for absence calls ( )		Evening phone for absence calls ( )	
Mailing Address, if different				Apt #	City		State Zip Code
Primary Email Address				Secondary Email Address			
Is the current residence temporary? <input type="checkbox"/> Yes <input type="checkbox"/> No		Is the student an unaccompanied youth? <input type="checkbox"/> Yes <input type="checkbox"/> No		Is the student an emancipated minor? (If yes, legal documentation must be provided) <input type="checkbox"/> Yes <input type="checkbox"/> No			
Is the current residence a Group Home or Residential Treatment Facility? <input type="checkbox"/> Yes <input type="checkbox"/> No (If yes, enter the location below.) Facility Name: _____						Is the current residence a foster home? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Does the student live outside of Charleston County but own real property in Charleston County with an assessed value of \$300 or more in Charleston County? <input type="checkbox"/> Yes <input type="checkbox"/> No (If yes, provide the address of the property) Property Address: _____							
B. HOME LANGUAGE SURVEY							
1. What is the primary language used in the home, regardless of the language spoken by the student?							
2. What is the language most often spoken by the student?							
3. What is the language that the student first acquired?							
<b>(IF THE ANSWER IS ENGLISH FOR QUESTIONS 1, 2, AND 3, THE FOLLOWING QUESTIONS ARE OPTIONAL.)</b>							
4. In which language would you prefer to receive oral communication from the school?							
5. In which language would you prefer to receive written communication from the school?							
6. If your child was not born in the USA, in what country was he/she born?							
7. What date did your child first begin school in the United States?							
C. FAMILY INFORMATION							
Are there any custody issues we should be made aware of? <input type="checkbox"/> Yes <input type="checkbox"/> No (If yes, legal documentation must be provided to the school.)							
With whom does the student live? <input type="checkbox"/> Both Parents <input type="checkbox"/> Mother Only <input type="checkbox"/> Father Only <input type="checkbox"/> Mother & Step Parent <input type="checkbox"/> Father & Step Parent <input type="checkbox"/> Legal Guardian <input type="checkbox"/> Foster Mother <input type="checkbox"/> Foster Father <input type="checkbox"/> Caseworker <input type="checkbox"/> Other							
Parent/Guardian Legal Name (First, Middle, Last & Suffix)						Relationship to Student	
Home Phone ( )		Cell Phone ( )		Day Phone ( )		Lives with student <input type="checkbox"/> Yes <input type="checkbox"/> No	
Home Address, if different from student's				Apt #	City		State Zip Code
Parent/Guardian Employer				Work Address (Street, City, State, Zip Code)			
Is this parent/guardian on ACTIVE DUTY in the Uniformed Services of the United States? <input type="checkbox"/> Yes <input type="checkbox"/> No (If yes, provide the following.)				Branch of Service		Rank/Grade	
Is this parent/guardian BOTH an accredited Foreign Government official and a Foreign Military Officer stationed in the U.S.? <input type="checkbox"/> Yes <input type="checkbox"/> No (If yes, provide the following.)				Branch of Service		Rank/Grade Name of Foreign Government	
Is this Parent/Guardian employed by CCSD? <input type="checkbox"/> Yes <input type="checkbox"/> No (If yes, provide the following.) CCSD Employee No. _____ Work Location _____				Does this Parent/Guardian have custody of this student? <input type="checkbox"/> Yes <input type="checkbox"/> No Does this Parent/Guardian receive mailings? <input type="checkbox"/> Yes <input type="checkbox"/> No			

## CHARLESTON DEVELOPMENT ACADEMY REGISTRATION FORM

Parent/Guardian Legal Name (First, Middle, Last & Suffix)				Relationship to Student	
Home Phone ( )		Cell Phone ( )		Day Phone ( )	
Home Address, if different from student's			Apt #	City	
			State	Zip Code	
Parent/Guardian Employer			Work Address (Street, City, State, Zip Code)		
Is this parent/guardian on ACTIVE DUTY in the Uniformed Services of the United States? <input type="checkbox"/> Yes <input type="checkbox"/> No <i>(If yes, provide the following.)</i>			Branch of Service	Rank/Grade	
Is this parent/guardian BOTH an accredited Foreign Government official and a Foreign Military Officer stationed in the U.S.? <input type="checkbox"/> Yes <input type="checkbox"/> No <i>(If yes, provide the following.)</i>			Branch of Service	Rank/Grade	Name of Foreign Government
Is this Parent/Guardian employed by CCSD? <input type="checkbox"/> Yes <input type="checkbox"/> No <i>(If yes, provide the following.)</i> CCSD Employee No. _____ Work Location _____			Does this Parent/Guardian have custody of this student? <input type="checkbox"/> Yes <input type="checkbox"/> No Does this Parent/Guardian receive mailings? <input type="checkbox"/> Yes <input type="checkbox"/> No		

### D. SIBLINGS

Sibling Name (First, Last)	Date of Birth	Age	Grade	School
Sibling Name (First, Last)	Date of Birth	Age	Grade	School
Sibling Name (First, Last)	Date of Birth	Age	Grade	School

### E. SCHOLASTIC INFORMATION

Previous School: <input type="checkbox"/> CCSD School <input type="checkbox"/> Home Schooled <input type="checkbox"/> Private School <input type="checkbox"/> Private Preschool Program <input type="checkbox"/> Other Public School <input type="checkbox"/> Other <input type="checkbox"/> Unknown	
Previous School Name: _____	
Has the student repeated a grade? <input type="checkbox"/> Yes <input type="checkbox"/> No <i>If yes, Grade(s) repeated _____</i> Has the student ever been expelled? <input type="checkbox"/> Yes <input type="checkbox"/> No <i>If yes, Grade(s) expelled _____</i> Did the student attend Kindergarten? <input type="checkbox"/> Yes <input type="checkbox"/> No	If the student has an IEP, please specify the area of disability: <i>(Check all that apply.)</i> <input type="checkbox"/> Autism <input type="checkbox"/> Orthopedic Impairment <input type="checkbox"/> Deaf-Blindness <input type="checkbox"/> Other Health Impairment <input type="checkbox"/> Deafness <input type="checkbox"/> Specific Learning Disability <input type="checkbox"/> Developmental Delay <input type="checkbox"/> Speech or Language Impairment <input type="checkbox"/> Emotional Disturbance <input type="checkbox"/> Traumatic Brain Injury <input type="checkbox"/> Hearing Impairment <input type="checkbox"/> Visual Impairment <input type="checkbox"/> Intellectual Disability <input type="checkbox"/> Other (please specify) _____ <input type="checkbox"/> Multiple Disabilities _____
Does the student have any of the following designations: <i>(Check all that apply.)</i> <input type="checkbox"/> 504 Plan <input type="checkbox"/> Gifted/Talented <input type="checkbox"/> ESOL <input type="checkbox"/> Migrant <input type="checkbox"/> Student Transfer	
Does the student have an Individualized Education Program (IEP)? <input type="checkbox"/> Yes <input type="checkbox"/> No <i>(If yes, specify the instructional setting.)</i> <input type="checkbox"/> General Education <input type="checkbox"/> Separate Class <input type="checkbox"/> Separate School <input type="checkbox"/> Other: _____	
Is transportation listed as a related service in the student's IEP? <input type="checkbox"/> Yes <input type="checkbox"/> No	

### F. TRANSPORTATION

How will the student get to school in the morning? <input type="checkbox"/> AM Bus Only <input type="checkbox"/> AM & PM Bus <input type="checkbox"/> POV (Car Rider) <input type="checkbox"/> Daycare Provides <input type="checkbox"/> PM Bus Only <input type="checkbox"/> Walker <input type="checkbox"/> Bicycle
How will the student get to school in the afternoon? <input type="checkbox"/> AM Bus Only <input type="checkbox"/> AM & PM Bus <input type="checkbox"/> POV (Car Rider) <input type="checkbox"/> Daycare Provides <input type="checkbox"/> PM Bus Only <input type="checkbox"/> Walker <input type="checkbox"/> Bicycle

### G. PARENT/GUARDIAN SIGNATURE

<b>BY SIGNING THIS FORM, I AM CERTIFYING THAT ALL WRITTEN INFORMATION ON THIS FORM IS ACCURATE AND COMPLETE.</b>	
Signature of Parent/Guardian	Date

#### FOR ADMIN USE ONLY

Birth Certificate <input type="checkbox"/> Yes <input type="checkbox"/> No    SC Immunization Record <input type="checkbox"/> Yes <input type="checkbox"/> No    Legal Guardianship/Custody Papers <input type="checkbox"/> Yes <input type="checkbox"/> No    Out of Zone <input type="checkbox"/> Yes <input type="checkbox"/> No Nonresident <input type="checkbox"/> Yes <input type="checkbox"/> No    Chas Co property ownership <input type="checkbox"/> Yes <input type="checkbox"/> No    Moving into Chas County <input type="checkbox"/> Yes <input type="checkbox"/> No    Tuition Required <input type="checkbox"/> Yes <input type="checkbox"/> No P/G: Picture ID <input type="checkbox"/> Yes <input type="checkbox"/> No    Residency Affidavit <input type="checkbox"/> Yes <input type="checkbox"/> No    Residency Verification <input type="checkbox"/> Yes <input type="checkbox"/> No    Mail Verification <input type="checkbox"/> Yes <input type="checkbox"/> No Other Head/Household: Notarized Statement <input type="checkbox"/> Yes <input type="checkbox"/> No    Residency Verification <input type="checkbox"/> Yes <input type="checkbox"/> No    Mail Verification <input type="checkbox"/> Yes <input type="checkbox"/> No Records Requested _____ Records Received _____ Cumulative File Reviewed _____ Teacher Assigned _____ Enrollment Date _____ Bus Number _____
REVIEWED WITH P/G: Home Language Survey <input type="checkbox"/> Yes <input type="checkbox"/> No    Scholastic Information <input type="checkbox"/> Yes <input type="checkbox"/> No NOTIFIED: <input type="checkbox"/> SPED Teacher <input type="checkbox"/> 504 Coordinator <input type="checkbox"/> G/T Teacher <input type="checkbox"/> ESOL <input type="checkbox"/> Fed Programs

