



Welcome to Gray Collegiate Academy

Mandatory Enrollment Documentation

Please submit the following documents and the required fees with your completed application (**Official records will be requested upon acceptance and all fees paid**):

Complete the enclosed:

- Enrollment Application (pages 2-3)
- Media Release (page 4)
- Minimum Requirements for Enrollment in Dual Enrollment Courses (page 5)
- Home Language Survey (pages 6)
- Alternate Household Income Form (page 7-8)
- Proof of Residency form (page 9)

Submit the following REQUIRED documents (It is the parent's responsibility to obtain all the required documents below. GCA will not request any records until fully accepted and fees paid) Only completed applications will be accepted:

- Current **UNOFFICIAL** Transcript (or Homeschool Portfolio) (If applicable) (Can be obtained from previous school)
- Most Recent Report Card
- Copy of Birth Certificate
- South Carolina Certificate of Immunization, or Religious Exemption
- Proof of Residency (rental agreement, mortgage bill, etc.)
- Social Security Card (number can be provided)
- Discipline Report (can be obtained from previous school)
- Copy of SC Drivers License/ID for parent/custodial guardian

Fees For ALL Students

- \$75.00 Instructional/Materials Fee
- \$50.00 Technology Fee (this must be paid for **ALL** students)
- \$25.00 Parking Fee (any student who drives to school will be required to pay this)
- \$75.00 Athletic Fee per sport/Max \$300 per family per year. This fee is due when student makes team roster.

All fees (\$125) are **NON REFUNDABLE and must be paid in order to hold the students spot. Send all Documents to Gray Collegiate Academy:**

VIA FAX: (803) 223-7547

VIA MAIL: Gray Collegiate Academy
3833 Leaphart Road
West Columbia, SC 29169

VIA EMAIL: rhewitt@grayca.com (Please attach documents to your email)

Documents must be signed and scanned

STUDENT INFORMATION			
STUDENT'S LEGAL NAME: (Last, First, Middle)	PREFERRED NAME:	BIRTH DATE: (MM/DD/YYYY)	What COUNTY does student live in?
Student <u>current</u> SCHOOL DISTRICT	What high school is your student zoned for?	Last School STUDENT attended:	Student Grade for 21-22:
FIRST YEAR STUDENT ENTERED 9 TH GRADE (if applicable): (For the first time)	SOCIAL SECURITY NUMBER:	GENDER: Male Female	PRIMARY PHONE NUMBER:
RACE (Choose one or more): <input type="checkbox"/> Asian <input type="checkbox"/> American Indian/Alaska Native <input type="checkbox"/> Black/African American <input type="checkbox"/> White/Caucasian <input type="checkbox"/> Native Hawaiian/Other Pacific Islander <input type="checkbox"/> Other (Please specify): _____			Ethnicity: <input type="checkbox"/> Hispanic/Latino <input type="checkbox"/> Not Hispanic/Latino
STREET ADDRESS (Street, City, State, Zip):			
MANDATORY ENROLLMENT INFORMATION			
STUDENT IS IN A GROUP/FOSTER HOME: (circle one) Yes No	DOES STUDENT HAVE ANY OF THE FOLLOWING? (Please provide most current copy) IEP 504 Plan ESOL Services Behavioral Intervention Plan		
GUARDIAN 1 NAME: (must be on Birth Certificate)	RELATIONSHIP TO STUDENT:	GUARDIAN 1 DAY PHONE:	GUARDIAN 1 CELL PHONE:
GUARDIAN 1 EMAIL ADDRESS:	PLACE OF EMPLOYMENT:	HOME ADDRESS (IF DIFFERENT FROM STUDENT):	
GUARDIAN 2 NAME: (must be on Birth Certificate)	RELATIONSHIP TO STUDENT:	GUARDIAN 2 DAY PHONE:	GUARDIAN 2 CELL PHONE:
GUARDIAN 2 EMAIL ADDRESS:	PLACE OF EMPLOYMENT:	HOME ADDRESS (IF DIFFERENT FROM STUDENT):	
EMERGENCY CONTACT INFORMATION (ADD STEP PARENT AND/OR OTHER GUARDIAN HERE)			
EMERGENCY CONTACT 1:		RELATIONSHIP TO STUDENT:	PHONE:
EMERGENCY CONTACT 2:		RELATIONSHIP TO STUDENT:	PHONE:
EMERGENCY CONTACT 3:		RELATIONSHIP TO STUDENT:	PHONE:
DOCTOR:	PREFERRED HOSPITAL	DENTIST	
SIGN OUT AUTHORIZATION			
Only people listed below will be allowed to sign your student out of school. ID will be required when picking up. Any changes to this list must be made by the guardian IN WRITING.			
NAME:		RELATIONSHIP TO STUDENT:	
NAME:		RELATIONSHIP TO STUDENT:	
NAME:		RELATIONSHIP TO STUDENT:	
Parent Military Status:			
<input type="checkbox"/> Neither Parent nor Guardian is serving in any military service <input type="checkbox"/> A Parent/Guardian is serving in the National Guard/Reserves but <u>is not</u> deployed (Circle one of the bold choices) <input type="checkbox"/> A Parent/Guardian is serving in the National Guard/Reserves but <u>is</u> deployed (Circle one of the bold choices) <input type="checkbox"/> A Parent/Guardian is serving on active duty but <u>is not</u> deployed <input type="checkbox"/> A Parent/Guardian is serving on active but <u>is</u> deployed <input type="checkbox"/> The student's Parent/Guardian died while on active duty within the last year <input type="checkbox"/> The student's Parent/Guardian was wounded while on active duty within the last year			

CUSTODY INFORMATION

In rare instances a child may be designated as "Protected" if a court has issued a restraining order under the Child Welfare Act, the Domestic Relations Act, the Divorce Act, or the Young Offenders Act. Please indicate if the school administration should be aware of any such Court Order for the protection of your child.

Yes No If 'yes', please make arrangements to discuss this situation with the school administration. Legal documentation will be required.

DISCIPLINE ISSUES

Has student ever been suspended or expelled from any public school? Yes No (skip to next section)

If you answered yes, please answer the following questions:

1. **What district/school is/was this student suspended/expelled from?** _____
2. **What date(s) is/are the suspension/expulsion effective?** _____
3. **Briefly explain the details of the suspension/expulsion.** _____

PARENT/GUARDIAN COMMUNICATION PREFERENCES

What is your preferred language for parent letters/emails for the school? _____

What is your preferred language when we are speaking to you in person or on the telephone? _____

MEDICAL INFORMATION

Are there any particular medical problems your child may be experiencing which his/her teacher should be aware of?

Physical Disabilities Allergies Serious Illness

Please explain: _____

ATHLETIC INFORMATION

Please check any sports below that your student will/does play:

- | | | | |
|--|-----------------------------------|---------------------------------|---------------------------------------|
| <input type="checkbox"/> Football | <input type="checkbox"/> Track | <input type="checkbox"/> Golf | <input type="checkbox"/> Basketball |
| <input type="checkbox"/> Volleyball | <input type="checkbox"/> Softball | <input type="checkbox"/> Cheer | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> Cross Country | <input type="checkbox"/> Baseball | <input type="checkbox"/> Soccer | |

ADDITIONAL SPORTS INFORMATION

My child plays a sport for another school Yes No

If you checked yes to the question above, please fill out the information below

What sport? _____ **What school?** _____

ADDITIONAL INFORMATION

How did you hear about Gray Collegiate Academy?

- Radio
- Television
- Web
- Friends (I was referred to GCA by _____)
- Other (please specify) _____

LEGAL PARENT/GUARDIAN AUTHORIZATION

I hereby declare that I have read and understand the information contained on this form and the information I have provided is correct.

LEGAL PARENT/GUARDIAN SIGNATURE

DATE

The Family Education Rights and Privacy Act

In accordance with The Family Educational Rights and Privacy Act (FERPA) (20 U.S.C. § 1232g; 34 CFR Part 99) students/parents are entitled to review their children's student records. The record, if still in the possession of Gray Collegiate Academy (GCA) after the student's twenty-fifth birthday, shall be destroyed. If you have any questions regarding this request for individual student information and about our use or disclosure of student information, please contact our office

Non-discrimination Policy

The Charter Institute of Erskine and Gray Collegiate Academy does not discriminate based on race, color, national origin, sex, disability, age, religion, or immigrant status in its programs and activities and provides equal access to the Boy Scouts and other designated youth groups. The following person have been designated to handle the nondiscrimination policies. For questions pertaining to Section 504 and Title IX, contact Lindsey Swygert at 803-951-3321 Ext 154.

Media Notice

Gray Collegiate Academy produces photographic, audio, and video media for school promotions. This media is intended to show the positive contributions of students and staff such that others will wish to join our GCA family. In the course of these promotions, students may appear either passively (in the background, incidental to the production) or actively featured as individuals (in interviews, showcasing skills, etc.). If the latter, specific permission will be sought before students are used for any promotions. If the former, no specific permission will be sought, and the school assumes the right to feature students unless specified below.

These promotions are vital to maintaining a positive public image for Gray. We are not profiting from these images in any way, other than what we gain in new students and an enhanced public profile for the school. Gray Collegiate Academy is not a great school because of its wonderful architecture or strategic location; it's great because of its people- its teachers, its coaches, its administrators, but most of all its students and their families. Telling the community about us means telling them about you, and we are deeply grateful for your support in that regard.

LEGAL PARENT/GUARDIAN SIGNATURE

DATE

IF YOU DECLINE PERMISSION FOR YOUR STUDENT TO BE USED IN INCIDENTAL APPEARANCES IN SCHOOL MEDIA, PLEASE CHECK THIS BOX AND PRINT AND SIGN BELOW.

LEGAL PARENT/GUARDIAN SIGNATURE

DATE

While I do not want my student in promotional media, they **can** participate in the yearbook and other print materials such as graduation and banquet programs

LEGAL PARENT/GUARDIAN SIGNATURE

DATE

All students must have this form filled out in grades 8th – 12th. This includes all dual enrollment and non-dual enrollment students.

Minimum Requirements for Enrollment in Dual Enrollment Courses:

1. Grade Point Average of 3.0 or higher
2. Principal Recommendation
3. Must have completed **2 years of English and 2 years of Math** (ex. English 1 and English 2 & Algebra 1 and Geometry/Algebra 2)

By signing below, I (_____) understand my child will be required to
(Please Print Parent/Guardian Name)
complete any course he/she is enrolled in past the drop/add date. I also understand

_____ must be enrolled in a **MINIMUM** of two courses per semester.
(Please Print Student Name)

Guardian 1 Signature

Date

Guardian 2 Signature (if applicable)

Date

Student Signature

Date



Home Language Survey (HLS)

The Civil Rights Act of 1964, Title VI, Language Minority Compliance Procedures, requires school districts and charter schools to determine the language(s) spoken in each student's home in order to identify their specific language needs. This information is essential in order for schools to provide meaningful instruction for all students as outlined Plyler v. Doe, 457 U.S. 202 (1982).

The purpose of this survey is to determine the primary or home language of the student. The HLS must be given to all students enrolled in the school district / charter school. The HLS is administered one time, upon initial enrollment in South Carolina, and remains in the student's permanent record.

Please note that the answers to the survey below are student-specific. If a language other than English is recorded for ANY of the survey questions below, the W-APT will be administered to determine whether or not the student will qualify for additional English language development support.

Please answer the following questions regarding the language spoken by the student:

1. What is the native language of the **student**? _____
2. What language(s) is spoken most often by the **student**? _____
3. What language(s) is spoken by the **student** in the home? _____
4. In what language do you wish to have communication from the school? _____

Student Name: _____ **Grade:** _____

Parent/Guardian Name: _____

Parent/Guardian Signature: _____ **Date:** _____

By signing here, you certify that responses to the three questions above are specific to your student. You understand that if a language other than English has been identified, your student will be tested to determine if they qualify for English language development services, to help them become fluent in English. If entered the English language development program, your student will be entitled to services as an English learner and will be tested annually to determine their English language proficiency.

For School Use Only:

School personnel who administered and explained the HLS and the placement of a student into an English language development program if a language other than English was indicated:

Name: _____ Date: _____

2021-2022 Alternate Household Income Form

(If student qualifies, another form will be filled out in April, but proof of income will not need to be provided unless expired).

Check below if one or both statements apply:

My family does not qualify for Free or Reduced Lunch Status - ← Check here if applicable and go to back page to complete **highlighted** area on page 2

I understand this form must be offered to all families who attend Gray Collegiate Academy. I decline to fill this form out. ← Check here if applicable and go to back page to complete **highlighted** area on page 2

Please fill out the highlighted section on the next page with signature and address information even if you do not qualify. All families must be given the opportunity to complete the form or decline.

In order to determine eligibility to receive additional benefits for your child (like a fee waiver or access to special income-based programs) for your child(ren) at the school level, please complete a household income form. Return form to: **Gray Collegiate Academy**

IMPORTANT NOTES: The submission of this form has no impact on receiving school meals.

Report income for ALL Household Members.
often?

Child Income **How**

A. Child Income

Sometimes children in the household earn or receive income.

\$

(Please include the TOTAL income received by all Household members listed in STEP D here.)

Weekly	Bi-Weekly	2x Month	Monthly
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

B. All Adult Household Members (including yourself)

List all Household Members NOT listed in STEP D (including yourself) even if they do not receive income. For each Household Member listed, if they do receive income, report total gross income (before taxes) for each source in whole dollars (no cents) only. If they do not receive income from any source, write '0'. If you enter '0' or leave any fields blank, you are certifying (promising) that there is no income to report.

Name of ADULT Household Members (First and Last)	Earnings from Work				Public Assistance/ Child Support/ Alimony				Pensions/Retirement/ All Other Income			
	How often?				How often?				How often?			
	Weekly	Bi-Weekly	2x Month	Monthly	Weekly	Bi-Weekly	2x Month	Monthly	Weekly	Bi-Weekly	2x Month	Monthly
\$	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
\$	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
\$	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
\$	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
\$	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
\$	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Total Household Members (Children and Adults)

X X X - X X -

Check if no SSN

C. Do any Household Members (including you) currently participate in one or more of the following assistance programs: SNAP, TANF, or FDPIR?

NO YES If yes, write case number here: _____

D. List all students in the household. If any student you are applying for: receives SNAP, TANF, and/or Medicaid benefits; is a foster child; is a homeless, migrant, runaway child; or attends Head Start, **check the** appropriate box.

Student's First Name	Student's Last Name	Grade Level	School Child Attends	SNAP/TANF Benefits	Medicaid Benefits	Foster	Homeless Migrant, Runaway	Head Start

Please sign to certify that all of the above information is accurate:

"I certify (promise) that all information on this application is true and that all income is reported."

Printed name of Adult Household Member Completing Form

Signature

Date

Street Address (if available), Apt # City State Zip Code Phone Number

PARENT/GUARDIAN CHECKLIST

- Have you included all of your children as household members? Are all adults included?
- Is all income recorded in Step B?
- Did you list a SNAP, TANF, and/or Medicaid case number, if applicable?
- Have you signed the form?

DO NOT FILL OUT THIS PART. THIS IS FOR SCHOOL USE ONLY.

Annual Income Conversion: Weekly x 52, Every 2 Weeks x 26, Twice a Month x 24 Monthly x 12

Total Income

How often?

Household Size

Eligibility

	Weekly	Bi-Weekly	2x Month	Monthly
	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Free	Reduced	Full Pay
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

I have reviewed the above and have concluded that it is properly and completely filled out to the best of my knowledge.

Signature (of school or district staff): _____ Print Name: _____ Date: _____

PROOF OF RESIDENCY

South Carolina state law requires proof of residency for each student enrollment. Proof of residency must be provided for enrollment to be complete.

Student's Name: _____ DOB: __/__/____

I, _____ live at _____
Print Parent/Guardian Name *Address*

STEP 1: Residency Verification (Part A)

Do you: Own your own home Rent Other: _____

You must provide documentation showing that you live at the address listed above. Please check and attach a copy of the following documents. You should black out account and social security numbers on the documents. If you cannot produce the following documents, skip to Residency Verification Part B. All documents must be current and show the name and address of the parent/guardian. Parent and student addresses must match. Returning students must show **one** form of proof other than driver's license. New students must show driver's license and **one** proof of residency.

___ Gas Bill	___ Real Estate Tax Bill
___ Electric Bill	___ Signed Lease
___ Water/Sewer Bill	___ Mortgage Statement
___ Phone Bill	___ Military Housing Letter
___ Cable Bill	___ Section 8 Letter
___ Driver's License/Stat ID	___ Affidavit of Residence

STEP 1: Residency Verification (Part B)

I am unable to provide the above documents because: (check all that apply)

Our family has not had a permanent residence since __/__/____.

Address of last permanent residence: _____

Last school attended: _____

Living in a shelter Living in hotel or motel Temporary Housing Other: _____

Housing, economic housed, awaiting Unaccompanied Youth Hardship or similar foster care placement.

Parent/Guardian Signature: _____