

Current School

List the name of the **current school, grade,** and City your child has attended:

1. _____
2. _____
3. _____
4. _____

Emergency Contacts (In Preferred Order of Contact)

- 1.Name: _____ Relationship: _____
Home#: _____ Work#: _____ Cell#: _____
- 2.Name: _____ Relationship: _____
Home#: _____ Work#: _____ Cell#: _____
- 3.Name: _____ Relationship: _____
Home#: _____ Work#: _____ Cell#: _____

Registration Agreement

I understand that by signing this form, I am applying for enrollment for my child for the academic year of 2017-2018. Acceptance is pending space availability.

Signature of Parent/Guardian

Date

Please indicate how you heard about Sugar Creek Charter School:

- Sibling(s) already enrolled at Sugar Creek Charter School
- Radio Advertisement
- Newspaper Advertisement
- Television Advertisement
- Referred by: _____
- Other: (Please specify) _____

Sugar Creek Charter School

4101 North Tryon St.
Charlotte, N.C. 28206
Phone 704-509-5470 Fax 704-921-1004

PERMISSION TO RELEASE SCHOOL RECORDS

Under the provision of section 99.30 of the Family Educational Rights and Privacy Act, this signed document authorizes the release of all school and health records for the student listed below. This school listed below (Previous School) has been named as the last school the student attended. The student's records will be kept on file at Sugar Creek Charter School. These Records will be subject to the confidentiality rules of the State of North Carolina. Only authorized personnel will have access to this student's record.

The student's prior school, as listed below, is required by the above provision to disclose all student's records, including but not limited to any Individualized Education Plan, Immunization Records, and medical history kept on record with student's records within 14 days from receipt of this form to the above address.

Student Name: _____

DOB: _____

Current grade: _____

Name of school currently attending: _____

School's address: _____

School's phone number: _____

Parent signature: _____

For School Use only (Bus#)

AM _____ PM _____ Car Rider _____

Sugar Creek Charter School Information/Transportation Form

THIS FORM MUST TO BE COMPLETED BY EVERY HOUSEHOLD. EVERY HOUSEHOLD NEEDS TO COMPLETE PART A. IF YOU NEED SCHOOL BUS TRANSPORTATION YOU WILL NEED TO COMPLETE PART B ALSO.

PART A

Student's Name: _____

Grade: _____ Home Phone Number: _____

Address: _____

St, Rd, Ln, Ave., Ct. (Circle One)

Zip Code _____

Mother/Guardian

First Name: _____ Last Name: _____

Cell Number: _____

Father/Guardian

First Name: _____ Last Name: _____

Cell Number: _____

Will your child need school bus transportation daily? Yes No

If you selected yes, continue to PART B

PART B

My child will use the bus stop closest to our home **address listed above** in the

AM _____ PM _____ Both _____

My child will be a car rider in the AM _____ PM _____ Both _____

My child will use **the alternate address** for the bus spot in the.

AM _____ PM _____ Both _____

Alternate Address:

Address: _____

St, Rd, Ln, Ave., Ct. (Circle One)

Zip Code _____

This alternate address is the location of:

Grandparent's home _____ Boys & Girls Club _____

Work _____ Other: _____ (Explain)

NOTE: Multiple student households **MUST** complete a form for **EACH** student who will need transportation.