



## Welcome to Gray Collegiate Academy

### Mandatory Enrollment Documentation

Please submit the following documents and the required fees with your completed application (**GCA will request your official records from your previous school**):

#### 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)

#### Submit the following **REQUIRED** documents (most can be obtained from previous school):

- ☐ Current **UN**official Transcript (or Homeschool Portfolio)
- ☐ 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)

#### Fees For **ALL** Students

- ☐ \$75.00 Instructional/Materials Fee – If qualifies for free/reduced lunch. This is determined by the Alternate Household Income form
- ☐ \$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

#### 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](mailto:rhewitt@grayca.com) (Please attach documents to your email)  
Documents must be signed and scanned. The \$75.00 **NON REFUNDABLE** Instructional/Materials fee must be paid in order to hold the students slot.

STUDENT INFORMATION			
STUDENT'S LEGAL NAME: (Last, First, Middle)	PREFERRED NAME:	BIRTH DATE: (MM/DD/YYYY)	What <b>COUNTY</b> does student live in?
Student <u>current</u> <b>SCHOOL DISTRICT</b>	What high school is your student <b>zoned</b> for?	Last School STUDENT attended:	
FIRST YEAR STUDENT ENTERED 9 <sup>TH</sup> GRADE: (For the first time)	SOCIAL SECURITY NUMBER:	GENDER: Male Female	STUDENT PHONE NUMBER:
<b>RACE (Choose one or more):</b> <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): _____			<b>Ethnicity:</b> <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:	RELATIONSHIP TO STUDENT:	GUARDIAN 1 DAY PHONE:	GUARDIAN 1 CELL PHONE:
GUARDIAN 1 <b>EMAIL</b> ADDRESS:	PLACE OF EMPLOYMENT:	HOME ADDRESS (IF DIFFERENT FROM STUDENT):	
GUARDIAN 2 NAME:	RELATIONSHIP TO STUDENT:	GUARDIAN 2 DAY PHONE:	GUARDIAN 2 CELL PHONE:
GUARDIAN 2 <b>EMAIL</b> ADDRESS:	PLACE OF EMPLOYMENT:	HOME ADDRESS (IF DIFFERENT FROM STUDENT):	
EMERGENCY CONTACT INFORMATION			
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 <b>IN WRITING</b> .			
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 <b>National Guard/Reserves</b> but <u>is not</u> deployed (Circle one of the bold choices) <input type="checkbox"/> A Parent/Guardian is serving in the <b>National Guard/Reserves</b> 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: \_\_\_\_\_

## ADDITIONAL INFORMATION

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

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

How did you hear about Gray Collegiate Academy?

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

## 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 Christiann Asbelle at 803-951-3321 Ext 200.

### 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.

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. ☐

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**LEGAL PARENT/GUARDIAN SIGNATURE**

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**DATE**

## **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: \_\_\_\_\_

## 2018-2019 Alternate Household Income Form

To determine eligibility to receive benefits (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: **[Renee Hewitt @ rhewitt@grayca.com]**

**IMPORTANT NOTES:** *The submission of this form has no impact on receiving school meals. Not submitting this form may prevent you from receiving a fee waiver or getting access to certain income-based programs. Additional information may be required at the discretion of the school.*

- 1. Select the total number of people in your household.** Be sure to include all children and adults, related and un-related, that live in a single dwelling and share income and expenses.
- 2. Select the box that represents the range of annual household income.** Make sure to include all of the following income sources: work, welfare, child support, alimony, pensions, retirement, Social Security, SSI, VA benefits, child income and/or all other income. The amount should be before any deductions for taxes, insurance, medical expenses, child support, etc.

1. Total No. of people in household	2. Select the appropriate range of combined annual income for all people in the household (Include all income sources listed above, before taxes.)	
<input type="checkbox"/> 1	<input type="checkbox"/> \$0 - \$22,311	<input type="checkbox"/> At or Above \$22,312
<input type="checkbox"/> 2	<input type="checkbox"/> \$0 - \$30,044	<input type="checkbox"/> At or Above \$30,045
<input type="checkbox"/> 3	<input type="checkbox"/> \$0 - \$37,777	<input type="checkbox"/> At or Above \$37,778
<input type="checkbox"/> 4	<input type="checkbox"/> \$0 - \$45,510	<input type="checkbox"/> At or Above \$45,511
<input type="checkbox"/> 5	<input type="checkbox"/> \$0 - \$53,243	<input type="checkbox"/> At or Above \$53,244
<input type="checkbox"/> 6	<input type="checkbox"/> \$0 - \$60,976	<input type="checkbox"/> At or Above \$60,977
<input type="checkbox"/> 7	<input type="checkbox"/> \$0 - \$68,709	<input type="checkbox"/> At or Above \$68,710
<input type="checkbox"/> 8	<input type="checkbox"/> \$0 - \$76,442	<input type="checkbox"/> At or Above \$76,443
<input type="checkbox"/> 9	<input type="checkbox"/> \$0 - \$84,175	<input type="checkbox"/> At or Above \$84,176
<input type="checkbox"/> 10	<input type="checkbox"/> \$0 - \$91,908	<input type="checkbox"/> At or Above \$91,909
<input type="checkbox"/> 11	<input type="checkbox"/> \$0 - \$99,641	<input type="checkbox"/> At or Above \$99,642
<input type="checkbox"/> 12	<input type="checkbox"/> \$0 - \$107,374	<input type="checkbox"/> At or Above \$107,375

If household size is more than 12, list the household size and total annual income below.

<input type="checkbox"/> Size: _____	<input type="checkbox"/> Income: _____
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Student's First Name	Student's Last Name	Grade Level	School Child Attends	SNAP/TANF Benefits	Medicaid Benefits	Foster	Homeless, Migrant, Runaway	Head Start

**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.

**If any child(ren) referenced above receive SNAP, TANF, and/or Medicaid benefits, please list the appropriate case number(s) here:**

**SNAP/TANF case number** \_\_\_\_\_

**Medicaid case number** \_\_\_\_\_

**Contact information and adult signature**

"I certify that all information on this application is true and that all income is reported. I understand that information given on this application is subject to additional documentation if requested for federal/state audits"

\_\_\_\_\_  
Name of Adult Household Member Completing the Form (printed)

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Today's Date

\_\_\_\_\_  
Street Address (if available), Apt #

\_\_\_\_\_  
City

\_\_\_\_\_  
State

\_\_\_\_\_  
Zip Code

( ) \_\_\_\_\_

\_\_\_\_\_  
Daytime Phone

\_\_\_\_\_  
Email

**CHECKLIST**

- ☐ Have you included all of your children as household members?
- ☐ Are ***both*** the household size and total household income range boxes checked?
- ☐ Did you list a SNAP, TANF, and/or Medicaid case number, if applicable?
- ☐ Have you signed the form?

(Please initial by each disclaimer below if applying for free/reduced lunch benefits). Skip if you do not qualify or not applying for benefits

\_\_\_\_\_ **If APPROVED, I understand I will be asked for proof of SNAP benefits approval letter and/or proof of income (Tax Return, Pay Stub, etc.)**

\_\_\_\_\_ **If APPROVED, I understand my information may be audited by the federal government and may require additional documentation.**

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

**Economic Status:** Economically Disadvantaged (meeting income and household guidelines) ☐

Non-Economically Disadvantaged (NOT meeting income and household guidelines) ☐

*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: \_\_\_\_\_

**IMPORTANT NOTES:** Federal regulations mandate that all costs associated with distributing, collecting, and reviewing these household income forms must be paid with funds outside of the nonprofit school food service account. School food service personnel are not allowed to be involved in this process unless their labor expenses are paid by an alternative funding source outside of the nonprofit school food service account. All documentation is subject to federal and state audits.