



1398 Church Road, Hardeeville, SC 29927-0525 • [www.royalliveoaksacademycharterschool.org](http://www.royalliveoaksacademycharterschool.org) • 888-288-9667

## Student Enrollment Check List / Matriculación de alumnos Lista de verificación

\_\_\_\_\_ **Date Received / Fecha de recepción**

- ☐ \_\_\_\_\_ **Lottery Acceptance Form/** Formulario de Aceptación de la Lotería
- ☐ \_\_\_\_\_ **Copy of Immunization/Shot Records /** Inmunización Documentos tiro
- ☐ \_\_\_\_\_ **Copy of Birth Certificate /** Certificado de Nacimiento
- ☐ \_\_\_\_\_ **Court Records of Child Custody /** Registros judiciales de custodia de los hijos
- ☐ \_\_\_\_\_ **Home Language Survey /** Home Language Survey
- ☐ \_\_\_\_\_ **Release of Records Form /** La liberación de la Forma registros
- ☐ \_\_\_\_\_ **Medicaid Form /** Medicaid Formulario
- ☐ \_\_\_\_\_ **Internet Acceptable Use /** Uso Aceptable de Internet
- ☐ \_\_\_\_\_ **Parent-Student-Teacher Compact /** Padre-Estudiante-Profesor compacto
- ☐ \_\_\_\_\_ **Special Programs Form /** Forma Especial de Programas
- ☐ \_\_\_\_\_ **Field Trip Form /** Campo de formulario de viaje
- ☐ \_\_\_\_\_ **Proof of Residency /** Prueba de residencia
- ☐ \_\_\_\_\_ **Student Release Form /** Formulario de Autorización de Estudiante
- ☐ \_\_\_\_\_ **Release of Student Information & Student Photographs Notice /** Liberación de Información del Estudiante y fotografías Estudiantes Aviso
- ☐ \_\_\_\_\_ **Nurse/Health Form/**
- ☐ \_\_\_\_\_ **I have received a Royal Live Oaks Charter School Student Handbook/** He recibido una Royal Live Oaks Charter School Manual del Estudiante

**Parent Signature / Firma del padre** \_\_\_\_\_

**Date / Fecha** \_\_\_\_\_

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Phone: [\(888\)288-9667](tel:8882889667)



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## Home Language Survey

The Office of Civil Rights requires schools to determine the language spoken by each student. This information is essential in order for schools to provide meaningful instruction for all students. Your cooperation in helping us meet this important requirement is requested.

Name of student \_\_\_\_\_  
Last Name First MI Grade Age

1. What is your child's country of birth? \_\_\_\_\_

2. If your child was born outside the United States, when was the first day your child attended a U.S. school anywhere in the U.S.? \_\_\_\_\_

Name of school: \_\_\_\_\_ State \_\_\_\_\_ Dates attended \_\_\_\_/\_\_\_\_/\_\_\_\_

3. What language did your child learn to speak when he or she first began to talk? \_\_\_\_\_

4. What language does your child most frequently use at home? \_\_\_\_\_

5. Name the language most often spoken by adults at home? \_\_\_\_\_

6. Please describe the language understood by your child. **(Check only one)**

\_\_\_\_\_ Understands only the home language and no English.

\_\_\_\_\_ Understands mostly the home language and some English.

\_\_\_\_\_ Understands the home language and English equally.

\_\_\_\_\_ Understands mostly English and some of the home language.

\_\_\_\_\_ Understands only English.

7. Name the language you prefer for school correspondence? \_\_\_\_\_

\_\_\_\_\_  
Signature of parent or guardian

\_\_\_\_\_  
Date



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## Inicio Encuesta Idioma

La Oficina de Derechos Civiles requiere que las escuelas para determinar el idioma hablado por cada estudiante. Esta información es esencial para que las escuelas puedan proporcionar instrucción significativa para todos los estudiantes. Su cooperación en ayudarnos a cumplir este requisito importante.

Nombre del estudiante \_\_\_\_\_  
Apellido En primer lugar MI Grado edad

- 1.Cuál es su país de nacimiento del niño? \_\_\_\_\_
2. Si su hijo nació fuera de los Estados Unidos, cuando fue el primer día que su hijo asistió a una escuela de EE.UU. en cualquier lugar en los EE.UU? \_\_\_\_\_

Nombre de la escuela: \_\_\_\_\_ Estado \_\_\_\_\_ Fechas de asistencia \_\_\_\_/\_\_\_\_/\_\_\_\_

3. Qué idioma aprendió su hijo a hablar cuando él o ella empezó a hablar? \_\_\_\_\_
4. Qué idioma aprendió su hijo a hablar cuando él o ella empezó a hablar? \_\_\_\_\_
5. El nombre del idioma hablan con más frecuencia los adultos en el hogar? \_\_\_\_\_
6. Por favor, describa la lengua que entienda a su hijo. (Marque sólo uno)
- \_\_\_\_\_ Entiende solamente el idioma del hogar y nada de Inglés.
- \_\_\_\_\_ Entiende mayormente el idioma del hogar y algo de Inglés.
- \_\_\_\_\_ Entiende el idioma del hogar y también Inglés.
- \_\_\_\_\_ principalmente Inglés y algunos de la lengua materna Entiende.
- \_\_\_\_\_ Entiende solamente Inglés.

7. Nombre el idioma que prefieren para la correspondencia de la escuela? \_\_\_\_\_

**Parent Signature / Firma del padre** \_\_\_\_\_

**Date / Fecha** \_\_\_\_\_



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## Parental Authorization to Release Records

**Student's Full Name** \_\_\_\_\_ **Grade** \_\_\_\_\_

Records to be released From:	Records to be Received By:
Name of School:	Royal Live Oaks Academy of Arts and Sciences

Phone: \_\_\_\_\_ P. O. Box 1330  
 Fax: \_\_\_\_\_ Ridgeland SC 29936  
 Data Clerk: \_\_\_\_\_ Fax to: 843-846-1880  
 \_\_\_\_\_ Phone: 888-288-9667

My Signature below authorizes Royal Live Oaks Academy Charter School to release / receive all personally identifiable data as indicated in reference to my child.

If records are being received by the Royal Live Oaks Academy Charter School, my signature gives the district permission to consider and use, for appropriate placement of my child.

\_\_\_\_\_  
 Signature of Parent / Guardian / Surrogate      Relationship to child      Date

Address: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Send all of the following information to the school requesting school above, if applicable

- |   |  |
|---|--|
| <input type="checkbox"/> Transcript<br><input type="checkbox"/> Attendance<br><input type="checkbox"/> Counseling<br><input type="checkbox"/> Current grades/report card<br><input type="checkbox"/> Medical Reports<br><input type="checkbox"/> Discipline Records<br><input type="checkbox"/> Test Scores | <input type="checkbox"/> Vision/Hearing<br><input type="checkbox"/> SP ED (IEP, Speech)<br><input type="checkbox"/> Placement Forms<br><input type="checkbox"/> Psychological<br><input type="checkbox"/> Gifted & Talented Academic<br><input type="checkbox"/> ESOL (English for Speakers of Other Languages)<br><input type="checkbox"/> Gifted & Talented Artistic |
|---|--|

Date Sent \_\_\_\_\_ By: \_\_\_\_\_  
 Received by \_\_\_\_\_ Mail: \_\_\_\_\_ Fax \_\_\_\_\_



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Consent for treatment, release, or information and for Medicaid reimbursement.

The RLOACS and the State 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 RLOACS and the State 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, 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 RLOACS and the State 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 RLOACS 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 RLOACS and the State 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.

Student Name: \_\_\_\_\_

Student Date of Birth: \_\_\_\_\_

Medicaid #: \_\_\_\_\_

☐ my child does NOT have Medicaid

Parent Signature: \_\_\_\_\_

Date: \_\_\_\_\_



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## Royal Live Oaks Academy Charter School (RLOACS) Internet Acceptable Use Policy

**USER AGREEMENT:** I understand and will abide by the Royal Live Oaks Charter School (RLOACS) Internet Acceptable Use Policy as outlined in the Student Handbook. I further understand that any violation of this policy may constitute a criminal offense. Should commit any violation, my access privileges may be revoked and school disciplinary action and/or legal action may be taken.

**This agreement must be signed to allow student access to the Internet through the RLOACS system.**

Student Name (print): \_\_\_\_\_

Student Signature: \_\_\_\_\_

### **Parent or Guardian Section**

I have read the "RLOACS Internet Acceptable Use Policy" and I hereby release the school, its personnel, and any institutions with which it is affiliated, from any and all claims and damages of any nature arising from my child(ren)'s use of, or inability to use, RLOACS system, including, but not limited to claims that may arise from the unauthorized use of the system to purchase products or services.

I will instruct my child regarding any restrictions against accessing material that are in addition to the restrictions set forth in the "RLOACS Internet Acceptable Use Policy". I will emphasize to my child the importance of following the guidelines set forth in this agreement in the student handbook.

I give permission for my child to use the internet while in attendance at RLOACS.

Parent Name (print): \_\_\_\_\_

Parent Signature: \_\_\_\_\_

Date: \_\_\_\_\_



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## Parent/Student/Teacher Compacts

Learning can take place only when it is a combination of effort, interest, and motivation. Because we are committed to your child's progress in school, we are going to do our best to promote his or her achievement.

Compacts make sure that everyone owns the responsibility of helping achieve high academic standards. This compact is a promise to work together. We believe that this compact can be fulfilled by our team effort. Together we can improve teaching and learning.

As a Parent/Guardian, I will:

- encourage my child to be independently responsible;
- listen or read to my child every night;
- communicate regularly with my child's teacher;
- provide a home environment that encourages my child to learn;
- recognize that I am my child's first teacher;
- review my child's progress report;
- strive to develop the skills needed to help my child;
- if possible, volunteer in my child's school; and
- provide educational opportunities for my child during the summer.

Parent/Guardian's Signature: \_\_\_\_\_

As a Student, I will:

- be an active participant in school and community service;
- obey school rules;
- be respectful at all times;
- attend school regularly and be punctual;
- come to school prepared with supplies;
- do my best in my work and in my behavior;
- read aloud or silently everyday; and
- assume responsibility for my actions.

Student's Signature: \_\_\_\_\_

As a Teacher, I will:

- believe that each student can learn;
- show respect for each child and his or her family;
- help each child grow to his or her fullest potential;
- provide a safe and productive learning environment;
- come to class prepared to teach and learn;
- model professional behavior and a positive attitude;
- ensure fairness and equity in adherence to school, district, and classroom rules;
- maintain open lines of communication with students and parents;
- provide a variety of opportunities for parents to become involved in school activities;
- recognize and celebrate the cultural diversity of the students; and
- consult and coordinate with other teachers about the specific needs of each child.

Teacher Signature : \_\_\_\_\_



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## Special Programs Form/ Programas Especiales Formulario

Student/ Estudiante _____	Date/Fecha _____
School/ la escuela _____	Grade/Grado _____
<p><b>It is extremely important for your child's educational welfare and continuity of program for the school staff to be informed of any special services that your child may have received in previous schools. This information will assist us in the initial placement of your child until official records arrive in our district. / Es de suma importancia para el bienestar educativo de su hijo y la continuidad de programas para el personal de la escuela para estar informado de los servicios especiales que su niño puede haber recibido en las escuelas anteriores. Esta información nos ayudará en la colocación inicial de su hijo hasta que los registros oficiales llegan a nuestro distrito.</b></p>	
<p><b>1. Has your child ever received any Special Education Services? / Su niño ha recibido servicios de educación especial?</b></p> <p><input type="checkbox"/> <b>No/No (If no, please go to question #4/Si no, por favor vaya a la pregunta # 4)</b></p> <p><input type="checkbox"/> <b>Yes/Sí (If yes, please mark all applicable boxes below/ En caso afirmativo, por favor marque todas las casillas correspondiente a continuación)</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> <b>Mentally Disabled/Educable (Mild) – EMD/ discapacitados mentales/Educable (leve) - EMD</b></li> <li><input type="checkbox"/> <b>Mentally Disabled/Trainable (Moderate) –TMD/ discapacitados mentales/entrenables (moderado)-TMD</b></li> <li><input type="checkbox"/> <b>Emotional Disability – ED/ Discapacidad Emocional - ED</b></li> <li><input type="checkbox"/> <b>Mentally Disabled/Profound (Severe)–PMD/Discapacitados Mentales/profundo (grave)-PMD</b></li> <li><input type="checkbox"/> <b>Specific Learning Disability – LD/ Discapacidad específica de aprendizaje - LD</b></li> <li><input type="checkbox"/> <b>Hearing Impairment – HI/ Discapacidad Auditiva- HI</b></li> <li><input type="checkbox"/> <b>Speech / Language – SL/ Habla / Lenguaje - SL</b></li> <li><input type="checkbox"/> <b>Visual Impairment – VI/ La deficiencia visual – VI</b></li> <li><input type="checkbox"/> <b>Autism – AU/ Autismo - UA</b></li> <li><input type="checkbox"/> <b>Other Health Impairment – OHI/ Deterioro de la Salud Otros - OHI</b></li> <li><input type="checkbox"/> <b>Deaf-Blind –DB/ Sordo-Ciegos-DB</b></li> <li><input type="checkbox"/> <b>Multiple Disabilities – MD/ Discapacidades Múltiples - MD</b></li> <li><input type="checkbox"/> <b>Traumatic Brain Injury – TBI/ Lesión Cerebral Traumática - TEC</b></li> <li><input type="checkbox"/> <b>Developmental Delay – DD/ Retraso en el Desarrollo - DD</b></li> </ul>	
<p><b>2. For which program model? / Para qué modelo de programa?</b></p> <p><input type="checkbox"/> <b>Self-Contained/ Autónomo</b>    <input type="checkbox"/> <b>Resource/ Recursos</b>    <input type="checkbox"/> <b>Inclusion/Inclusión</b>    <input type="checkbox"/> <b>Itinerant/Itinerante</b></p>	
<p><b>3. What date was he/she officially dismissed? En qué fecha fue que él / ella oficialmente despedidos? ____/____</b></p>	
<p><b>4. Does your child have a Section 504? / Tiene su hijo de la Sección 504? ____ Yes/Sí ____ No/No</b></p>	
<p><b>5. Has your child ever received any of these services? / Su niño ha recibido ninguno de estos servicios?</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Counseling/Asesoramiento</li> <li><input type="checkbox"/> Gifted &amp; Talented Artistic/ Dotados y Talentosos Artística</li> <li><input type="checkbox"/> Gifted &amp; Talented Academic/ Dotados y Talentosos Académico</li> <li><input type="checkbox"/> <b>ESOL (English For Speakers of Other Languages)/ ESOL (Inglés para Hablantes de Otros Idiomas)</b></li> <li><input type="checkbox"/> Migrant Program/ Programa Migrante</li> </ul>	
<p><b>6. Did your child attend any Early Childhood Placement Program? / Su hijo que asista a cualquiera de la Primera Infancia Programa de Colocación?</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> <b>C - Center Based Care (Daycare Center)/Basado en el Centro de Atención (Guardería)</b></li> <li><input type="checkbox"/> <b>M - Home w/ Family Member/ Inicio w / Miembro de la Familia</b></li> <li><input type="checkbox"/> <b>P – Public County School; If so, where? /Escolar del Condado; Si es así, ¿ dónde? _____</b></li> <li><input type="checkbox"/> <b>N - Home w/ Non-Family Member/ Inicio w / miembros no familiares</b></li> </ul>	

**Signature of Parent-Guardian/Firma del padre o tutor :** \_\_\_\_\_

**Date/Fecha:** \_\_\_\_\_

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## Field Trip Consent Form “Being There Experience” Consent Form

Dear Parent or Guardian,

Your child is going on a field trip. Please read the information at the top of this form, then sign and return the permission slip at the bottom of this form no later than **August 14, 2012**.

### Field Trip Information:

**Date:** August 15, 2012

**Location:** Variety of Support Services in the City of Hardeeville and Hardeeville Recreation Center  
*For example: City Hall, Fire Department, Price Wise, etc.*

**Purpose:** To expose students to the community businesses, members and the services they offer. The children will not only be exposed to their community in which they live but begin to discover how they fit into their community as a productive citizen of society.

**Cost:** \$0

**Means of Transportation:** Parent Drop-Off and Pick-Up @ Hardeeville Recreation Center

**Special Instructions:** Bring a personal water bottle that can be refilled and an umbrella to keep the sun off if necessary. Students need to wear comfortable walking shoes.

*Cut here ----- Cut here*

*Sign this part of the form and return it to your child's teacher.*

\_\_\_\_\_ has permission to attend the field trip to a variety of support services in the City of Hardeeville and Hardeeville Recreation Center on August 15, 2012.

I give my permission for \_\_\_\_\_ to receive emergency medical treatment. In an emergency, please contact:

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Alternate Contact: \_\_\_\_\_ Phone : \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_



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Royal Live Oaks Academy of Art and Sciences  
Proof of Residency for the 2012- 2013 School Year

Royal Live Oaks Academy of Art and Sciences **will require proof of residency for student enrollment for the 2012-2013 school year. Each student will be required to complete the enrollment packet. Proof of residency must be provided for enrollment to be complete.**

Child's Name: \_\_\_\_\_ DOB: \_\_\_\_/\_\_\_\_/\_\_\_\_

I, \_\_\_\_\_, live at \_\_\_\_\_,  
*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(s)/ guardian(s).**

You must provide two (2) documents from Category A **or** one (1) document from Category B.

*Category A- Two(2) Documents*

- ☐ Gas Bill
- ☐ Electric Bill
- ☐ Water/ Sewer Bill
- ☐ Phone Bill
- ☐ Cable Bill
- ☐ Pay Check Stub
- ☐ Driver's License/ State ID

*Category B- One (1) Document*

- ☐ Real Estate Tax Bill
- ☐ Signed Lease
- ☐ Mortgage Document
- ☐ Current Real Property Assessment
- ☐ Military Housing Letter
- ☐ Section 8 Letter

\* Please contact the office staff at your school if you are having trouble collecting the documents.  
**The district may require a home visit and/or additional documentation to verify residency.**

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

- |  |   |   |
|--|---|---|
| <input type="checkbox"/> Living in a shelter       | <input type="checkbox"/> Sharing housing with | <input type="checkbox"/> Abandoned apt. bldg.   |
| <input type="checkbox"/> Living in a hotel, motel, | others due to loss of                         | <input type="checkbox"/> Student is temporarily |
| campground, or other similar situation.            | housing, economic                             | housed, awaiting foster                         |
| <input type="checkbox"/> Unaccompanied Youth       | hardship, or similar                          | care placement.                                 |
| <input type="checkbox"/> Other                     | reason  |   |

Child's Name: \_\_\_\_\_ DOB: \_\_\_\_/\_\_\_\_/\_\_\_\_

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## Step 2: Relationship to Student (To be completed if student is being registered by someone other than parent)

You must provide a certified, original birth certificate. A copy will be made and the original returned to you. If the birth certificate is not available at the time of registration, other proof of the child's identity and date of birth is required along with a signed affidavit.

### The child is living with me and is qualified to attend school in this district/ zone because

(check one):

- ☐ I have legal custody of the child (copy of custody papers required).
- ☐ I am the child's foster parent, licensed by the department of social services.
- ☐ The child lives a \_\_\_\_\_, which is a facility licensed or operated under the department of social services or the department of youth services (circle one).
- ☐ The child's mother/father (circle one or both) is dead or seriously ill, is in jail or prison, or is unable to care for the child (explanation) \_\_\_\_\_
- ☐ The child's mother/father (circle one or both) left the child with me. I have complete control of the child as shown by mother's/ father's failure to provide substantial financial support and parental guidance.
- ☐ The child was being abused or neglected by a parent or legal guardian. (attach documentation) (Note: The school is required by law to report suspected child abuse or neglect.)
- ☐ The child's mother/ father (circle one or both) has a physical or mental condition which prevents her/him from providing adequate care or supervision for the child.
- ☐ The child is emancipated from the control of his/her mother and father.
- ☐ The child's family does not have a fixed, regular and adequate nighttime residence or a nighttime residence that is a shelter or institution that provides temporary living accommodations.
- ☐ A parent/legal guardian's military deployment or call to duty is more than 70 miles from his/her residence for a period of greater than 60 days.

## Step 3: Affirmation and Warning

Please read the following statements and **initial each.**

\_\_\_\_\_ I affirm that the information presented in this verification form, in connection with any investigation of my residency or the residency and custody of the student, is true, complete and accurate.

\_\_\_\_\_ I understand that knowingly or willfully providing false information to a school district regarding the residency of a child for the purpose of enabling that child to attend any school in that district, the adult can be prosecuted for providing false information, **a misdemeanor with a penalty of up to \$200 or imprisonment for not more than 30 days and required to pay an amount equal to the cost of educating the child.**

\_\_\_\_\_ I understand that I will be liable for payment of tuition, fees, and all other applicable fines if I knowingly enroll or attempt to enroll a child in the school of a school district on a tuition-free basis when I know the child to be a nonresident of the school district, unless the nonresident has a lawful right to attend.

Parent/Guardian (Signature) \_\_\_\_\_ Date : \_\_\_\_\_

### Office Use Only

Date \_\_\_\_/\_\_\_\_/\_\_\_\_

Enrollment Personnel Signature: \_\_\_\_\_

☐ **Form Complete**

☐ **Form Incomplete**



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## Student Release Form

In order to ensure the safety of your child(ren) we need to know to whom you give permission when releasing them at the end of the school day or in the event of an emergency such as inclement weather, natural disaster, or your inability to reach the school to pick up your child(ren).

I, \_\_\_\_\_, give permission to the following persons to pick up my child from Royal Live Oaks Academy Charter School.

- |                            |                                |
|----------------------------|--------------------------------|
| 1) _____<br>Name of person | _____<br>Relationship to child |
| 2) _____<br>Name of person | _____<br>Relationship to child |
| 3) _____<br>Name of person | _____<br>Relationship to child |
| 4) _____<br>Name of person | _____<br>Relationship to child |
| 5) _____<br>Name of person | _____<br>Relationship to child |



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## Student Information and Media Release Form

Last Name \_\_\_\_\_ First Name \_\_\_\_\_ Grade \_\_\_\_\_

Directory Information Release (See additional information below)	
<input type="checkbox"/> YES	<b>Permits</b> Royal Live Oaks to provide student's name, honors, awards, directory information (see below), and other information to appropriate agencies in accordance with state and federal laws.
<input type="checkbox"/> NO	<b>Prohibits</b> Royal Live Oaks from giving student's name, honors, awards, directory information (see below), and other information to appropriate agencies in accordance with state and federal laws.
Media Release (See additional information below)	
<input type="checkbox"/> YES	<b>Permits</b> Royal Live Oaks use of the student's name and/or picture in district publications, web sites or promotional videos.
<input type="checkbox"/> NO	<b>Prohibits</b> Royal Live Oaks use of the student's name and/or picture in district publications, web sites or promotional videos.

Signed By \_\_\_\_\_ Date: \_\_\_\_\_  
*Parent or Guardian Signature*

### ROYAL LIVE OAKS ACADEMY CHARTER SCHOOL (RLOACS) DIRECTORY INFORMATION RELEASE:

RLOACS makes student directory information available in accordance with state and federal laws. A student's name, birthday, birthplace, address, telephone number, major course of study, participation in school activities, dates of attendance, awards, previous school attendance, and the height and weight of athletes may be released to specific agencies without parent consent. Directory information may be provided to school personnel with legitimate education interests, schools of intended enrollment, federal and state educational administrators, those who provide financial or student aide, employers, and prospective employers. Names and addresses of students enrolled in grade 12 may be given to public or private schools and colleges. Appropriate directory information may be provided to any agency except private profit-making organizations or news media. No Child Left Behind legislation enacted by Congress requires schools to provide directory information, including name, address and phone number, to military recruiters. If you do not wish to have directory information released about your child, you must indicate this below and return to the school office within the next 30 days. When a written request from the parent of a student age 17 or younger is received by the school office denying access to directory information, RLOACS will withhold directory information about the student. If the student is 18 years or older or enrolled in an institution of post-secondary instruction, the pupil's written request to deny access to directory information will be honored.

**OUTSIDE NEWS MEDIA:** At times schools may be visited by newspaper reporters and/or television crews to cover breaking news, human interest stories, or to follow up on previous stories. When visiting district campuses, news media are required to check in at the school office and be accompanied by a RLOACS staff member to avoid any interruption of students' education. Parents are encouraged to discuss the issue of outside news media interactions with their children. Outside media interviews may be held and photographs may be taken with only student consent however, RLOACS can not restrict students' right to speak freely with media representatives or consent to be photographed or interviewed. Parents and/or guardians may instruct their children not to communicate with media representatives. If a student refuses to be interviewed or photographed, RLOACS will support the student's decision.

**RLOACS MEDIA RELEASE:** RLOACS produces school newsletters and school and district web sites for the purpose of providing the community with information about SCHOOL activities, school awards, student assemblies, academic and co-curricular programs.

If you do not wish to allow your child to be photographed or interviewed by school staff for school and newsletters or the web



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### Health Form

In order to provide the best program of services to students, we need to maintain a current record of relevant health information. Please help update your child's health record and emergency locator file by completing this form and return it to the school immediately.

Parent Email: \_\_\_\_\_ Grade \_\_\_\_\_

Medicaid Number \_\_\_\_\_ Homeroom Teacher \_\_\_\_\_

Student's Name \_\_\_\_\_ Male/Female  
(Last) (First)

Physical Address \_\_\_\_\_ Birth Date \_\_\_\_\_

Mailing Address \_\_\_\_\_ Home Phone \_\_\_\_\_

City/State \_\_\_\_\_ ZIP \_\_\_\_\_ Cell Phone \_\_\_\_\_

Student Lives With: Parent/Guardian (Relationship) \_\_\_\_\_

Mother or Guardian's Name \_\_\_\_\_

Work Place \_\_\_\_\_ Phone Number \_\_\_\_\_

Father or Guardian's Name \_\_\_\_\_

Work Place \_\_\_\_\_ Phone Number \_\_\_\_\_

Brother's or Sister's Name 1. \_\_\_\_\_ Grade/Teacher \_\_\_\_\_

2. \_\_\_\_\_ Grade/Teacher \_\_\_\_\_

#### DOES YOUR CHILD:

Have any Medical conditions: Yes \_\_\_\_\_ No \_\_\_\_\_ Type \_\_\_\_\_

Take any Medications for any reason: Yes \_\_\_\_\_ No \_\_\_\_\_ Type \_\_\_\_\_

Have Asthma with medication: Yes \_\_\_\_\_ No \_\_\_\_\_ Type \_\_\_\_\_

Have Diabetes: Yes \_\_\_\_\_ No \_\_\_\_\_ Type \_\_\_\_\_

Have Ear Problems: Yes \_\_\_\_\_ No \_\_\_\_\_ Type \_\_\_\_\_

Have Epilepsy: Yes \_\_\_\_\_ No \_\_\_\_\_ Type \_\_\_\_\_

Have Eye Problems: Yes \_\_\_\_\_ No \_\_\_\_\_ Type \_\_\_\_\_

Have Severe Allergies: Yes \_\_\_\_\_ No \_\_\_\_\_ Type \_\_\_\_\_

Have Heart Problems: Yes \_\_\_\_\_ No \_\_\_\_\_ Type \_\_\_\_\_

Have P.E. Restrictions (Must have Physicians Note) Yes \_\_\_\_\_ No \_\_\_\_\_ Type \_\_\_\_\_

Child's Doctor \_\_\_\_\_ Phone Number \_\_\_\_\_

- I agree to notify the school of changes in health status or medication.
- I authorize the school nurse to share information about my child's health with certain members of the school staff, such as classroom teachers, health care providers, and others who may need this information in order to protect my child's safety and well-being.
- I, the undersigned, do hereby authorize officials of the Royal Live Oaks Academy to contact directly the persons named on this card, and do authorize the named physicians to render such treatments as may be deemed necessary in an emergency, for the health of said child.
- In the event physicians, parent or other persons named on this card, cannot be contacted, the school officials are hereby authorized to take whatever action is deemed necessary in their judgment, for the health of the aforesaid child.
- **I will not hold the Royal Live Oaks Academy financially responsible for the emergency care and / transportation of said Child.**

Signature of Parent or Guardian \_\_\_\_\_ Date \_\_\_\_\_

Royal Live Oaks Academy of Arts and Sciences Public Charter School does not discriminate on the basis of race, gender, disability, age, religion, immigrant status, or national origin in its programs and activities and provides equal access to the Boy Scouts and other designated youth groups. For questions pertaining to Section 504 contact The Coordinator of Special Education Services and questions pertaining to Title IX, contact The Coordinator of Federal Programs at 1398 Church Road, Hardeeville, SC 29927  
Phone: [\(888\)288-9667](tel:8882889667)



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Querido padres de familia:

Para ofrecer el mejor programa de servicios al estudiante, necesitamos mantener un informe actualizado con referencia a la salud de su hijo(a). Por favor ayúdenos a actualizar el registro de la escuela, sobre la salud de su hiho(a) y los teléfonos en casos de emergencia, completando este formulario y devuélvalo a la escuela inmediatamente.

Email \_\_\_\_\_ Grado \_\_\_\_\_  
Numero de Medicaid \_\_\_\_\_ Nombre del maestro/a \_\_\_\_\_  
Nombre del Estudiante \_\_\_\_\_ Masculino/Femenino \_\_\_\_\_  
(Apellido) (Primer Nombre)  
Dirección \_\_\_\_\_ Fecha de Nacimiento \_\_\_\_\_  
P.O. Box \_\_\_\_\_ Número de Teléfono \_\_\_\_\_  
Ciudad/Estado \_\_\_\_\_ Zona Postal \_\_\_\_\_ Número de Celular \_\_\_\_\_  
El estudiante vive con: Padres/Guardián (Relación) \_\_\_\_\_  
Nombre de la Madre/Guardián \_\_\_\_\_  
Lugar de trabajo \_\_\_\_\_ Número de Teléfono \_\_\_\_\_  
Nombre del Padre/Guardián \_\_\_\_\_  
Lugar de Trabajo \_\_\_\_\_ Número de Teléfono \_\_\_\_\_  
Nombre de Hermanos(as) 1. \_\_\_\_\_ Grado/Maestro(a) \_\_\_\_\_  
2. \_\_\_\_\_ Grado/Maestro(a) \_\_\_\_\_

Indique a dos veinos ó parientes cercanos que asuman el cuidado temporal de su hijo(a) si usted no puede ser localizado.

Nombre \_\_\_\_\_ Tel. Casa/Celular \_\_\_\_\_ Tel. Trabajo \_\_\_\_\_  
Nombre \_\_\_\_\_ Tel. Casa/Celular \_\_\_\_\_ Tel. Trabajo \_\_\_\_\_

**Sufre su hijo(a) de:**

Alguna condición médica:	Si _____	No _____	Tipo _____
Toma medicina diaria:	Si _____	No _____	Tipo _____
Enfermedades cardiacas	Si _____	No _____	Tipo _____
Asma:	Si _____	No _____	Tratamiento o tipo de medicín _____
Diabetes:	Si _____	No _____	Tipo _____
Problemas Auditivos:	Si _____	No _____	Tipo _____ Utiliza Audifono _____
Epilepsia:	Si _____	No _____	Tipo _____
Problemas de ojos:	Si _____	No _____	Usa Lentes/de Contacto _____
Alergias Serveras:	Si _____	No _____	Tipo _____
Restricciones de Educación Fisica:	Si _____	No _____	Tipo _____

(Debe suministrar una nota del doctor)

Medico del Estudiante \_\_\_\_\_ Número de Teléfono \_\_\_\_\_

- **Yo notificare a la escuela sobre cualquier cambio en el estado de salud ó de medicina de mi hijo(a).**
- Yo autorizo a la enferma de la escuela compartir información acerca de la salud de mi hijo(a) con algunos miembros de la escuela, tales como profesores, proveedores del cuidado medico y otros que necesiten esta información para proteger la seguridad y el bienestar de mi hijo(a).
- Yo el que firmo, autorizo a los funcionarios del Royal Live Oaks Academy para que contacten directamente a las personas mencionades en esta tarjeta, y autorizo al medico nombrado, para dar el tratamiento necesario en caso de una emergencia con la salud de dicho niño(a). En caso de que el medico, los padres u otra persona nombrada en esta tarjeta, no puedan ser localizado, los funcionarios de la escuela estan autorizados de tomar la acción que sea necesaria de acuerdo a su criterio, para cuidar de la salud del niño(a) mencionada anteriormente.
- **No voy a hacer reponsable al Distrito Escolar de los gastos que ocasione la emergencia y el trasporte de dicho niño(a).**

Firma del Padre/Madre ó Guardián \_\_\_\_\_

Fecha \_\_\_\_\_

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