

ORANGE GROVE ELEMENTARY CHARTER SCHOOL
EMERGENCY INFORMATION SHEET
2010-2011



Registration Requirements

- Birth Certificate
- Social Security Card
- Shot Record

Mandatory Proof of Residency

- SCE&G

AND

One of the following proofs of residency is required.

- Vehicle registration
- Lease or Mortgage documents
- Water bill

Requirements to enter Kindergarten	Requirements to enter First Grade
<ol style="list-style-type: none">1. 5 years old on or before September 1 of the year of enrollment2. A legal state birth certificate (hospital record not acceptable)3. Certificate of Immunization Form 1125 80M (rev. 5/75) entitled "Certificate of Immunization, South Carolina Department of Health and Environmental Control"	<ol style="list-style-type: none">1. Six or older on or before September 1 of the year of enrollment.2. A legal state birth certificate (hospital record not acceptable)3. Certificate of Immunization Form 1125 80M (rev. 5/75) entitled "Certificate of Immunization, South Carolina Department of Health and Environmental Control."

ORANGE GROVE ELEMENTARY CHARTER SCHOOL
GRADES CD – 5 REGISTRATION
2010 – 2011

THIS SPACE FOR OFFICE USE ONLY

ID _____

State Birth Certificate _____ Social Security Card _____ SC Immunization _____ Legal Guardianship Papers _____
2 Proofs of Residency _____ Class Assigned _____ Teacher Assigned _____
Military _____ Migrant Designation _____ IEP _____ Gifted/Talented _____

Enrollment Date: _____ District 10 School: ORANGE GROVE ELEMENTARY CHARTER SCHOOL

STUDENT INFORMATION Grade _____ Age _____ Gender: _____ Male _____ Female

Last Name _____ First Name _____ Middle Name _____

Date of Birth _____ State of Birth _____ SS# _____

Race _____ White _____ African-American _____ Hispanic _____ American Indian _____ Asian _____ White-Asian
_____ African-American/American Indian _____ Hawaiian/Pacific-Islander _____ White/African American

Subdivision/Apartments _____

Student's Residence _____

Previous School/Day Care _____

PARENT/GUARDIAN (S) INFORMATION

1. Last Name _____ **First Name** _____ **Relationship** _____

Home Address _____

Home Phone _____ Cell Phone _____

Employer _____

Work Phone _____ Ext. _____ **Email Address** _____

Alternative Email address and Phone #: _____

2. Last Name _____ **First Name** _____ **Relationship** _____

Home Address _____

Home Phone _____ Cell Phone _____

Employer _____

Work Phone _____ Ext. _____ **Email Address** _____

Alternative Email address and Phone #: _____

TURN OVER

FAMILY INFORMATION

Student Lives with (Names) _____

Check all that Apply Mother Father Step-Parent Foster- Parent
 Legal Guardian Group-Home: _____ Other _____

Note: If guardian, legal guardianship papers must be provided as part of cumulative records and if there is a legal custody agreement, document must be provided as part of cumulative records.

Please list any other children/siblings at this residence (even if not in school):

Name _____ Age ____ Grade _____ School _____

Name _____ Age ____ Grade _____ School _____

Name _____ Age ____ Grade _____ School _____

Name _____ Age ____ Grade _____ School _____

HEALTH INFORMATION

Any physical and/or mental condition (for which the child receives additional support services): _____

Does the student have a (check all that apply)? 504 Plan Gifted/Talented designation

Does the student ever received special education services (IEP)? Yes N

Resource Inclusion Self-Contained Consultative

Does the student Area of Disability: (check all that apply) LD ED EMD TMD PMD

Visually Impaired Hearing Impaired OHI (medical condition) _____

Orthopedic Impaired Speech Language

Physician's Name _____ Phone _____

ADDITIONAL INFORMATION

Did the student ever attend Kindergarten?

Yes No

Has the student repeated a grade(s)?

Yes, grade(s) _____ No

Has student ever been expelled? Yes, grade(s) Expelled _____ No

Does the student wear: (Check all that apply)?

Hearing aid Prescription Glasses Contact Lens other _____

HOME LANGUAGE SURVEY English Speaker of Other Language (ESOL)

1. What language did your child learn when he/she first began to speak? _____

(If the answer is English, please disregard questions 2, 3, and 4)

2. In which language do you prefer to receive correspondence from the school? _____

3. If your child was not born in the USA, in what country was he/she born? _____

4. What date did your child first begin school in the United States? _____

Is there any other information that you would like to share about your child?

All information on this form is correct to the best of my knowledge.

Parent/Guardian Signature: _____ Date: _____

Print Name: _____

ORANGE GROVE ELEMENTARY CHARTER SCHOOL

1225 Orange Branch Road
Charleston, SC 29407
Phone 843-763-1520 Fax 843-769-2245



Larry DiCenzo
Principal

John Clendaniel
Assistant Principal

AGREEMENT TO MAINTAIN ACADEMIC ENVIRONMENT

Orange Grove Elementary Charter School strives for excellence in an academically enriched environment. We have a number of students who are enrolled at Orange Grove Elementary Charter School who do not live in Orange Grove's attendance zone. These parents have gone through the transfer process to obtain permission for their children to attend Orange Grove. CCSD no longer has jurisdiction over Orange Grove Elementary Charter School. We want these children and parents, who share our mission of academic excellence in an academically enriched environment, to stay with us. These students may continue to attend Orange Grove Elementary Charter School as long as truancy, discipline, character, and academic efforts are maintained at a high level. We will ask those who do not share our goals and cannot meet our requirements to enroll in the school closest to your legal residence.

Please initial to indicate your agreement to meet these standards:

1. _____ My child will meet all attendance guidelines as set forth by Orange Grove Elementary Charter School. This includes arriving on time, **remaining for the entire day**, and being picked up promptly after school.
2. _____ My child will put forth an outstanding academic effort and complete all homework and assignments as determined by the teacher.
3. _____ I will meet with the teachers, teacher coach, or administrators as necessary to discuss my child's progress.
4. _____ My child will maintain good discipline and follow all rules and procedures as determined appropriate by the teachers and school.
5. _____ My child and I will pay all Student Fees in a timely manner and remain debt free to the school and any program associated with the school. Snacks, field trips and other items that cost money will be denied until all fees are paid.
6. _____ In a timely manner I will keep the school informed of changes of address and phone numbers.
7. _____ I understand that the final authorities to allow students to remain at Orange Grove Elementary Charter School rest with school administrators and the Orange Grove Elementary Charter School Board of Directors.
8. _____ Failure to meet any of these stipulations will require your child/children to transfer to their home school.

~~Turn Over~~

9. _____ I will attend at least one PTO meeting, become a member of PTO, and volunteer at least 10 hours to help with a PTO functions.

Student's Name

Parent's Signature

Date

ORANGE GROVE ELEMENTARY CHARTER SCHOOL TRANSPORTATION FORM - 2010-2011



Parents: Please complete this Transportation Form for each child enrolled in **Orange Grove Elementary Charter School**. Notify **Orange Grove Elementary Charter School** immediately if there are any changes to the information you provided on this form. Changes made after July 1 should be directed to **Orange Grove Elementary Charter School** by the first of August 2010. The bottom of this form contains important information about transportation services.

Students' Full Name: _____ Grade/Class _____

District: **10** *Check here if student is new to Charleston County Schools* _____

Home Address: _____
Street Number Street Name Apt/Lot

City State Zip Code

Parent /Guardian Name: _____ Phone Number _____

Parent/Guardian Signature: _____ Today's Date _____

Will your child ride the bus or walk to school, or will you be transporting your child? Check one

AM BUS _____ WALK _____ CAR _____ VAN _____
 PM BUS _____ WALK _____ CAR _____ VAN _____

COMPLETE THIS SECTION ONLY IF STUDENTS DROP OFF ADDRESS DIFFERS FROM THE HOME ADDRESS:

(As of August 2010)

Street

City Zip Code

For child development only (3-year-old and 4-year old programs)
 Enter alternate **address in your neighborhood** for midday drop-off (to be used only if someone is not at the drop-off location when bus arrives):