



2850 Old Charlotte Hwy, Monroe, NC 28110

Congratulations on your acceptance of enrollment at Monroe Charter Academy! We are excited to have you be a part of our Lion's Den for the upcoming school year!

Step 1 – Complete the online enrollment information.

Step 2 – Print this packet.

Step 3 – Complete the **REQUIRED** forms and **OPTIONAL** only if they are applicable to your child.

Step 4 – Once you have completed all the forms, upload the forms to the secure Dropbox for the school.

Parent Checklist

Below are the **REQUIRED** student forms to be placed in your child's cumulative folder.

___ Enrollment Acceptance/Declination Form

___ Student Demographic Form

___ Transportation Form

___ Free/Reduced Lunch Form

___ Home Language Survey

___ Records Request Form

___ Medical Authorization Form

___ Student Information Form

Below is the documentation that is **REQUIRED**. Please upload them to complete your student's enrollment.

___ Two proofs of residency (this includes utility bills, car insurance card, etc.)

___ Driver's License/ One Form of ID

___ Copy of Student's Birth Certificate

___ Copy of Updated Immunization Records

Monroe Charter Academy will need the following documents if you are entering Kindergarten next year, are coming from a Homeschool, Private School or will be moving from another state (these documents are due by the 20th day of the 2023-2024 school year):

___ NC Health Assessment Form



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Enrollment Acceptance/Declination Form

Student Name: _____

Student's Grade for 2023-2024 School Year: _____

Enrollment Decision:

_____ Yes, we accept our student's seat for the 2023-2024 school year. I understand that by accepting this seat, I must sign and give Monroe Charter Academy the Request for Student's Records Form in order to request my child's academic records from his/her previous school.

_____ No, we decline this seat. After considerable thought and deliberation, we have decided to decline our seat and understand that once declined we would need to re-apply and will be added to the waitlist.

Parent Signature: _____ Date: _____

If you have DECLINED the seat for your child, then you are finished completing the forms.



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Student Demographic Form

Student Name: _____
(First) (Middle) (Last)

Student's Date of Birth (mm/dd/yyyy) _____ Gender: F _____ M _____

Home Address of Student (We must have a street address for Power School)

Street _____

City _____ State _____ Zip Code _____

Student's Current School: _____

Student's Current District: _____

Student's Primary Race/Ethnicity: (Check all that apply)

Alaskan Native/American Indian

Black/ African American

Hispanic or Latino

Hawaiian/Pacific Islander

Asian/Middle Eastern

Multi Racial

White/Caucasian

Other: _____

2023-2024 Grade student will be entering

K 1st 2nd 3rd 4th 5th 6th 7th 8th

Primary Contact: Parent/Guardian : (Please circle parent or guardian) All school emails will go to this email address unless told otherwise. If no email address, please put N/A or none.

First Name: _____ Last Name: _____

Primary Phone: _____ Email: _____

Secondary: Parent, Step-Parent or Guardian: (Please circle one.)

First Name: _____ Last Name: _____

Primary Phone: _____ Email: _____



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Family/Emergency Contact Form

Student Name: _____
(First) (Middle) (Last)

Student's Grade for 2023-2024 school year: _____

Custody Information: (This information will remain private)

Please list all custody information. Please note that the school must have copies of all legal documentation of custody issues prior to the start of school. If none, please put N/A.

In case parent/guardian cannot be reached in an emergency, please list the next best contact for your child.

Emergency Contact #1:

First Name: _____ Last Name: _____

Relationship to student: _____

Primary Phone: _____ Email: _____

Emergency Contact #2:

First Name: _____ Last Name: _____

Relationship to student: _____

Primary Phone: _____ Email: _____



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Publicity/Photo Release Form 2023-2024

I give permission for Monroe Charter Academy to record audio, video, and photos of my child during his/her participation at school, to use for nonprofit educational and promotional purposes. I understand that my child will not be compensated for any recordings that may be used in this capacity. I also give permission for photographs of my child to be used without compensation by Monroe Charter Academy for web pages and/or promotional purposes.

By signing below, I am releasing Monroe Charter Academy, its agents, employees, licensees, and assigns from any and all claims which I may have for right of publicity, copyright infringement, or any other causes of action arising out of the use, adaptation, reproduction, distribution, broadcast, or exhibition of such materials.

____ **YES** I give Monroe Charter Academy permission to use my child's photo and video for publicity purposes.

____ **NO** I do not want my child's image used for publicity purposes.

Child's Name: _____ Grade _____

Parent/Guardian Signature: _____ Date: _____



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Student Needs/Services Form

Part One

Student Name: _____
(First) (Middle) (Last)

Student Date of Birth: _____ Grade: _____

Has your child ever been retained? Yes No

If so, for what grades? Please list _____

Does your child have a 504 or an IEP? Yes No I do not know

If yes, mark which one? 504 IEP

Is your student currently being tested for a 504 or an IEP? Yes No

Does your child receive any interventions? Yes No I do not know

Has your child ever been or is currently being tested for a disability? Yes No

Does your child receive any of the following services? Yes No

(Please mark all that apply)

Speech

Occupational Therapy (OT)

Physical Therapy (PT)

Other _____

Please attach any copies of documentation you may have regarding the above questions or drop them off with the EC Director.

Part 2

What are the strengths/weaknesses of your child both academically/behaviorally?

What motivates your child academically/behaviorally?

Are there areas of concern regarding your child that we should be made aware of academically/behaviorally?

What are the most important goals that you would like to see your child set and accomplish this upcoming school year academically/behaviorally?

Is there any other information that we should know that would assist us in helping your child academically/behaviorally?



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After School Form

Student First Name: _____ Student Last Name: _____

Student Grade: _____ School Year: _____

Will your student require After School care?

Yes No



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Student Transportation Form

This is a MANDATORY form for each student.

Student First Name: _____ Student Last Name: _____

Student Grade: _____ School Year: _____ Student #: _____

Home Address: _____

YES, my child needs bus transportation for the 2022-2023 school year.

AM PM Both (Same as "Home" address)

AM Bus Stop Location: _____
If different from "Home" address

PM Bus Stop Location: _____
If different from "Home" address

NO, my child does not need bus transportation the 2021-2022 school year.

The final day to request or change bus transportation for the 2023-2024 school year is August 11, 2023.

If parents/guardians request bus transportation after the August 11, 2023 deadline, they will have to provide transportation for their children to and from school until bus transportation arrangements can be determined – **this might not occur until 10 days after school has started.**

Additionally, there is a three (3) day minimum turn-around period for bus transportation requests made during the regular school year. Parents/guardians requesting bus transportation should expect a three (3) day minimum turn-around to allow the Transportation Department to receive and process the request. Parents/guardians will have to provide transportation for their child(ren) to and from school until bus transportation arrangements can be determined.

Students will be removed from a route if they do not ride for 10 consecutive days.

By signing below, I signify that I have read and understand the instructions on this form.

Parent/Guardian Name: _____

Parent/Guardian Signature: _____ Date: _____



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Free/Reduced Lunch Form
This is an **OPTIONAL** form for each student.

Student's Full Name: _____ Grade: _____

Are you applying for free or reduced lunch services? If so, please fill out the information below to the best of your knowledge. If not, please disregard this form.

Names of All Household Members	Does this person receive income?	Names of All Household Members	Does this person receive income?

Total Household Gross Income

Name (list household members with income)	Earning from work – before deductions/how often	All other income/how often
Ex. John Doe	\$300/weekly	Alimony - \$300/monthly

By signing below, I understand that to the best of my knowledge this information is true.

Parent/Guardian Signature: _____ Date: _____

FOR OFFICE USE ONLY:

Eligibility: FREE REDUCED DENIED

Determining Official's Signature: _____ Date: _____



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Home Language Survey

This is a MANDATORY form for each student.

Please complete this form to help us to identify possible English Learners during enrollment. This survey is used as a tool to determine if your child is eligible for language support services. If a language other than English is used by you or your child and your child meet the English Learner definition, the school may give your child an English Language Proficiency assessment.

Student Information

Student Name: _____
(First) (Middle) (Last)

Student Date of Birth: _____ Current Grade: _____

Country of Birth: _____

Date first enrolled in any US school (Private or Public): _____

Current School Enrollment Date (first day at current school): _____

What is the first language the student learned to speak? _____

What language does the student speak most often? _____

What Language is most often spoken in the home? _____

Parent/Guardian Signature: _____ Date: _____

****For Office Use Only****

The student's home language: _____

Administer assessment: ____ Yes ____ No



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Request for Student's Records

Student's Full Name: _____ Grade: _____

If you homeschooled, went to private school or just entering Kindergarten, please name the school district your child would have attended

Previous School's Name: _____ (if attended any public school)

Phone Number: _____ Contact Person: _____

I hereby give _____ (name of previous school/data manager) permission to release all school records for my child and to be forwarded to Monroe Charter Academy.

Please send the following:

- Grades as of the date of withdrawal from your school
- Attendance record for all previous years
- All test results
- Immunization records/Health assessment form/ Other health documents
- Birth Certificate
- Gifted/Exceptional Children's records
- Any/All behavioral records
- Any other academic records/ Including IEP's & 504's

Parent Signature: _____ Date: _____

Data/Office Manager signature: _____ Date: _____

Phone Number: _____ Fax Number: _____



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Authorization for Medication

In order to help protect your child's health, your consent and written authorization from a licensed healthcare provider are required when it is necessary for your child to receive either prescription or nonprescription medicines at Monroe Charter Academy. No medications will be given to your child at school until this authorization form has been received and signed by your child's doctor. A separate form is required for each medicine. New authorization forms are required every year at the beginning of school, whenever the DOSE or DIRECTIONS CHANGE, or when a new medicine is prescribed. Each medicine must be in appropriately labeled ORIGINAL container from the pharmacy or healthcare provider's office. Most pharmacies will provide an extra container for school use upon request. A completed authorization form is also required for the administration of non-prescription medicines to be given at school. This must be signed by child's doctor. This does not apply for a student to self-carry.

Student's Name _____ Teacher _____ Grade _____

Parent or Guardian's Permission: I give permission for my child to receive the medicine described below during school hours. I understand that it is my responsibility to purchase and supply this medicine. On behalf of my child, I absolve Monroe Charter Academy and their employees from any and all liability whatsoever that my result from my child taking this medicine at school.

Signature of parent or guardian: _____ Date: _____

Contact Number: _____

For Licensed Healthcare Provider Use Only: (Please write legibly using lay terms)

Specific Directions: (Please include exact amount to give, at what times and/or how often, relationship to meals, specific indications, e.g. if prn (as needed))

Purpose of medication: _____

Medication prescribed: _____ Strength/Dose: _____

Side effects/adverse reactions: _____

Any other instructions including emergency situations that may arise:

Licensed Physicians Signature: _____ Date: _____



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Authorization for Medication for Student to Self-Carry

This student should carry the medication with him/her at all times during the school day, while at school-sponsored events, or while in transit to or from school or school sponsored activities.

Parent or Guardian: I hereby give permission for my child to self-carry his/her medication that is hereby prescribed by the physician. I have explained to my child the importance and the responsibility of what it means to self-carry the medication.

Parent Signature: _____ Date: _____

For Licensed Healthcare Provider Use Only:

Name of Medication: _____

Dose/how often to be administered: _____

I have given instructions to the student and parent on how to self-carry and self-administer this medication as directed and deem it necessary for the student to self-carry.

Healthcare Provider's signature: _____ Date: _____

Practice Name and Address: _____

Phone Number: _____ Fax Number: _____

Student: I am capable of carrying this medicine as recommended and accept this responsibility. I will always secure and will NOT share it with others. I understand that I will be subject to disciplinary actions if medications are shared. I will inform an adult when the medication is used.

Student Signature: _____ Date: _____



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Do not forget to turn in or upload the following required documentation to complete the Enrollment packet for your student!

- Two proofs of residency (this includes utility bills, car insurance card, etc.)
Must have the same address on both documents given.
- Driver's License/ One Form of ID
- Copy of Student's Birth Certificate
- Copy of Updated Immunization Records or NC Exemption Letter (Medical/Religious reasons only)
- NC Health Assessment form to be completed by the child's physician (Kindergarten, homeschooled students, any student new to NC, or attended private school)

****Immunization and Health Assessment forms must be turned in within the first 20 days of school per the NC Health Department.**

By submitting this enrollment packet, I am acknowledging that I have answered/completed each form truthfully and to the best of my knowledge. I understand that falsifications, misrepresentations, or omissions may disqualify enrollment to Monroe Charter Academy. I also agree to turn in the above required documents in a timely manner according to the Monroe Charter Academy and NC State Guidelines.

Signature: _____ Date: _____