



MINA Charter School of Lee County (MCS)

MINA's mission is to empower students to be lifelong learners, innovative thinkers, and good citizens, able to compete globally in our diverse, technologically advancing world.

Enrollment Packet

Welcome to MINA Charter School, MCS. To secure your child's seat at MCS, complete the following steps:

- 1. This Enrollment Packet is a PDF document. Please print the document, complete a packet for each child enrolling in our school, and bring the completed packet (s) with you to one of the parent nights.**
2. Collect **every** document included on the Required Documents list provided below.

Required Documents

- Proof of Child's Birth (copy of original birth certificate) _____
- Copy of Child's Social Security Card _____
- Proof of Residency
 - Current Lease or Mortgage Deed _____
 - Utility bill (dated within the last 60 days) _____
 - Property Tax Bill _____
 - Cable Bill (dated within the last 60 days) _____
- Rising Kindergarten and Students enrolling in a NC public school for the first time must have a licensed doctor complete a NC [Health Assessment](#) within the last 12 months from the first day of school, August 11, 2020.

If these documents are not received by the due date(s), you will forfeit your child's seat at MCS for the 2020-2021 school year.

Please note that final enrollment is subject to confirmation of all enrollment requirements, including records from your child's previous school (if applicable).

Thank you for enrolling your child in MINA Charter School of Lee County.



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Enrollment Form 2020-2021 School Year

Public Charter School: MINA Charter School, MCS

School Contact Person: Stella Farrow, Lead Administrator
Telephone: (919) 745-1442 Email: stella.farrow@minacharterschoolofleecounty.org

I. Student Information:

Student's Full Name as it appears on the birth certificate

Last	First	Middle
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Date of Birth: _____ Age: _____ Social Security Number: _____

Home Address _____

City _____ State _____ Zip _____

Mailing Address (If Different from Home Address) _____

City _____ State _____ Zip _____

- Check whichever applies: My child will need
- Before-School Care _____ After-School Care _____
 - Bus Transportation Yes _____ No _____

II. Parent/Guardian Information:

Child Lives With: _____ Both Parents _____ Mother Only _____ Father Only _____

_____ Legal Guardian _____ Foster Parents _____ Other Adult

Custodial/Guardianship Documentation: _____ Yes _____ No
(If yes, please provide a copy of court order.)



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Complete Parent/Guardian Name and Address Information as Applicable

Mother

Name: _____

Address: _____

City, State, and Zip Code: _____

Home/Cell Phone: _____

Email Address(es) _____

Father

Name: _____

Address: _____

City, State, and Zip Code: _____

Home/Cell Phone: _____

Email Address(es): _____

If the Student is Not Living with Parents, Please Complete the Following Section:

Guardian(s) or Foster Parent(s)

Name: _____

Address: _____

City: _____

Home/Cell Phone: _____

Email Address(es) _____

III. School District of Residence and Former School Information

School District of Residence: _____

Former School Information (Other Than Pre-School) (Place a checkmark by the appropriate choice.)

District Public School _____ Public Charter School _____ Private School _____ Home School _____

_____ Student not enrolled in school prior to this school year because: _____

_____ Entering Kindergarten _____ Other _____

Name of Former School: _____

Address of Former School: _____

City _____ State _____ Zip _____

Previous Grade: _____ Withdrawal Date From Former School: _____

Does student currently have a Special Education IEP? _____ YES _____ NO
(if YES, and you are a new student, please include a copy of the IEP with this form)



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Does your child have a 504 Plan? _____ YES _____ NO

(if YES, and you are a new student, please include a copy of the 504 Plan with this form)

Section 504 plans are support plans for students with disabilities that don't require instructional support. A Section 504 plan tells the school what accommodations are needed to support your son or daughter. In order to qualify for these supports, a student must be identified as having a physical or mental disability that substantially limits a major life activity.

My signature on this form indicates my decision to have my child attend MINA Charter School of Lee County (MCS) and signifies my request that appropriate school records be forwarded from the school district to MINA Charter School of Lee County, MCS.

Signature of Parent/Guardian: _____



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Official Request for Student Records

(Note: This form does not apply to rising Kindergarten Students.)

Date: _____

To: _____
Name of Previous School

Dear Admitting/Dismissing Secretary:

We admitted or are planning to admit _____ to our school
for the 2020-2021 school year. Name of Student

His/her date of birth is: _____, and he/she is in grade: _____.

Via the US Postal Service or fax, please forward a copy of his/her packet (and all special education records and IEP's, including educational, psychological, psychiatric, and neurological reports, as applicable or 504 Plan information) to us at the following address:

MINA Charter School, MCS
P.O Box 3001
Sanford, NC 27331

Or

Tel: (919) 745-1442
Fax: (919) 589-4803

Authority from parents to release student records:

Please release my child's information to MINA Charter School, MCS.

Name of Child (Please print)

Signature of Parent/Legal Guardian

Date



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Request for Medical/Health Information and Permission to Provide First Aid

STUDENT NAME: _____ DOB: ____/____/____

Home Address _____

City _____ State _____ Zip _____ Home Phone _____

Medical Assistance Number (if applicable): _____

Health Insurance Plan Name: _____

Health Insurance ID Number: _____

Primary Care Physician's Name: _____

Primary Care Physician's Number: _____

Emergency Contact Information:

Name: _____ Relationship: _____ Phone: _____

Name: _____ Relationship: _____ Phone: _____

Name: _____ Relationship: _____ Phone: _____

1. Is your child currently being treated by a doctor? _____ YES _____ NO

If YES, for what condition(s) is your child being treated?

2. Is your child currently taking medication? _____ YES _____ NO

If YES, which medication(s) does your child take?

3. Do we need to administer medication to your child during the day? _____ YES _____ NO

If YES, we will need documentation from your child's doctor indicating the name of the medication(s), dosage amount, and when the medication(s) needs to be administered at school.

4. Does your child have any allergies? _____ YES _____ NO

If YES, what is your child allergic to?

5. Please indicate any other medical or health related issues we need to know about:



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Because your child is a minor, the law requires that parental permission be obtained before medical procedures may be performed on him or her. Therefore, we ask that a parent or guardian sign this permission form so that, if necessary, medical care may be promptly given to your child in the event that minor illness or injury occurs while your child is in MCS's care. This includes first aid, such as taking a temperature, applying ice to an injury, cleaning a minor cut, and applying a band-aid. Anything more severe will require transport to medical care either by parent or ambulance if warranted.

I GIVE PERMISSION FOR MCS TO PROVIDE FIRST AID TO MY CHILD AS DEEMED NECESSARY.

Parent/Guardian Name (Print)

Parent/Guardian Signature

Date



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Home Language Survey

Directions:

Complete this form at the time of enrollment and record all information requested. MCS will provide interpreting services whenever necessary.

Student Information		
First Name:	Middle Name:	Last Name:
Country of Birth:	Date first enrolled in any U.S. school (Private or Public, but not PreK). Indicate if the student left the U.S. for a school year(s):	Date of Birth:
Current School:	School Enrollment Date:	Current Grade:

Questions for Parents/Guardians*	Parent Response
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 Signature: _____ Date: _____

For Office Use Only

Person Reviewing this Survey	
The student's home language: _____	
If the language is other than English, the English language proficiency test should be administered.	Administer the English Language Proficiency Test Circle: Yes or No



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Parent/Guardian and Student Ethnic Identification Data Collection

The No Child Left Behind Act of 2001 requires public schools to collect and record the information about public school students in the following categories: ethnic identity, students with disabilities, students identified as limited English proficient, and students identified as economically disadvantaged. This information is used for statistical analysis, data reporting, and accountability determinations. We need your help in order to accomplish this task.

MINA Charter School, MCS, understands the sensitive nature of this information and wishes to assure you that it will be kept secure and confidential.

Student Name: Last, First, Middle Initial _____

Date of Birth (Month/Day/Year) _____

Please review the racial/ethnic definitions below before you respond. Check (√) the ones that best describes your child. You may check (√) more than one category.

- AMERICAN INDIAN OR ALASKAN NATIVE: A person having origins in any of the original peoples of North America and who maintains cultural identification through tribal affiliation or community recognition. E.g. Cherokee, Mohawk, Inuit.
- ASIAN OR PACIFIC ISLANDER: A person having origins in any of the original peoples of the Far East, Southeast Asia, the Pacific Islands, or the Indian subcontinent. This area includes, e.g. China, India, Pakistan, Bangladesh, Sri Lanka, Japan, Korea, the Philippine Islands, and Samoa.
- HISPANIC: A person of Mexican, Puerto Rican, Cuban, Central or South American, or other Spanish culture or origin - regardless of race.
- BLACK, NOT OF HISPANIC ORIGIN: A person having origins in any of the Black racial groups of Africa.
- WHITE, NOT OF HISPANIC ORIGIN: A person having origins in any of the original peoples of Europe, North Africa, or the Middle East.

SIGNATURE (Please check the box and sign/date):

- I certify that all of the above information is true and correct. I understand that this information is being given for compliance with the federal *No Child Left Behind Act of 2001* and that school officials may verify the information.

Parent/Guardian Signature _____ **Date** _____