

ENROLLMENT PACKET



Checklist of Items **required** for enrollment

_____ Completed Enrollment Packet

_____ Current Immunization Record

_____ Birth Certificate – Long Form

_____ One item for Proof of Residency

\$80 annual fee due the first week of school

Please email this Enrollment Packet and above required items to: kivey@coastalleadership.org

Coastal Leadership Academy



Mrs. Sherri Oskin, Principal
3710 Palmetto Pointe Blvd.
Myrtle Beach, SC 29588

Phone: 843-788-9898
FAX: 888-410-4826
www.coastalleadership.org

**** CONFIDENTIAL ****

REQUEST FOR RELEASE OF SCHOOL RECORDS

Student Name: _____ DOB: _____ Current Grade: _____

Last School Attended: _____ School Fax #: _____

Parent/Guardian Signature: _____

- I hereby authorize the above school to forward all requested records for my child to Coastal Leadership Academy.

***Does this student have an IEP? YES _____ NO _____

***Does this student have a 504-accommodation plan? YES _____ NO _____

***Does this student have an ESOL Plan or in the process of being evaluated? YES _____ NO _____

***Does this student have a Gifted and Talented Profile? YES _____ NO _____

Office Use Only

- ☐ Transcript of Grades (including grades at the time of withdrawal-QLU)
- ☐ Attendance Report
- ☐ Discipline/Incident Report
- ☐ **Immunization Record**
- ☐ Copy of Birth Certificate
- ☐ **Home Language Survey-need original**
- ☐ Gifted and Talented Profile
- ☐ IEP Records and if applicable: Psychological Evaluation and most Recent Eligibility Review Form (Reevaluation Review)
- ☐ 504 Plan along with cumulative records
- ☐ Test Scores (including Achievement, Aptitude, End of Course and Exit Exam Scores)-from Enrich
- ☐ English Language Lerner (ELL) Initial Placement Screener/WIDA info
- ☐ ELL State Language Proficiency Test Scores and Accommodation Plan

**Registrar from transferring school, please
initial either statement for verification
purposes**

_____ Yes, child **has** an IEP or 504

_____ No, child **does not have** an IEP or 504

Registrar : kivey@coastalleadership.org

1st Request

2nd Request

3rd Request

The Family Educational Rights and Privacy Act (FERPA) (20 U.S.C. § 1232g; 34 CFR Part 99) is a Federal law that protects the privacy of student education records. The law applies to all schools that receive funds under an applicable program of the U.S. Department of Education. Generally, schools must have written permission from the parent or eligible student in order to release any information from a student's education record. However, FERPA allows schools to disclose those records, without consent, to the following parties or under the following conditions (34 CFR § 99.31): school officials with legitimate educational interest; other schools to which a student is transferring.

Enrollment Packet for Coastal Leadership Academy

Grade level applying for: _____

Student Information:

Last Name: _____ First: _____ Middle: _____

Gender: [☐] Male [☐] Female Preferred Name: _____ Date of Birth: ____/____/____

Street Address: _____ Apt #: _____

City: _____ State: _____ Zip: _____

Mailing Address (if different): _____

City: _____ State: _____ Zip: _____

Student Cell # _____ Previous School Attended: _____

County of Residence: _____ (Ex: Horry / Georgetown)

High School student is zoned for: _____

Student's personal email address: _____

Parent / Guardian / Emergency Contact #1

Last Name: _____ (Dr., Mr., Mrs., Ms.) First Name: _____

Relationship to Student: _____

Street Address: _____ Apt #: _____

City: _____ State: _____ Zip: _____

Mailing Address (if different): _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Cell Phone: _____

Work Phone: _____ Employer: _____

Primary email address (**Please Print**): _____

Should this parent/guardian receive mailings from the school regarding the student? ____ Yes ____ No

Does this parent / guardian have legal custody of the student? ____ Yes ____ No

Does the student live with this parent/guardian? ____ Yes ____ No

Parent / Guardian / Emergency Contact #2

Last Name: _____ (Dr., Mr., Mrs., Ms.) First Name: _____
Relationship to Student: _____ Street Address: _____ Apt #: _____
City: _____ State: _____ Zip: _____
Mailing Address (if different): _____ City: _____ State: _____ Zip: _____
Home Phone: _____ Cell Phone: _____ Work Phone: _____
Employer: _____ Email address (Please print): _____

Should this parent/guardian receive mailings from the school regarding the student? ____ Yes ____ No

Does this parent / guardian have legal custody of the student? ____ Yes ____ No

Does the student live with this parent/guardian? ____ Yes ____ No

Parent / Guardian / Emergency Contact #3

Last Name: _____ (Dr., Mr., Mrs., Ms.) First Name: _____
Relationship to Student: _____ Street Address: _____ Apt #: _____
City: _____ State: _____ Zip: _____
Mailing Address (if different): _____ City: _____ State: _____ Zip: _____
Home Phone: _____ Cell Phone: _____ Work Phone: _____
Employer: _____ Email address (Please print): _____

Should this parent/guardian receive mailings from the school regarding the student? ____ Yes ____ No

Does this parent / guardian have legal custody of the student? ____ Yes ____ No

Does the student live with this parent/guardian? ____ Yes ____ No

***Are there any court orders or parental custody issues that apply to this child?**

____ Yes ____ No

If yes, please explain (include which parent has legal custody): _____

**Custody documentation must be provided and approved by Coastal Leadership Academy as part of cumulative records.

Parent/Guardian Military status:

Is either parent in the military? ____ Yes ____ No

If yes, which parent? _____ Active Duty or Reserves? _____

Is either parent retired from the military? ____ Yes ____ No If yes, which parent? _____

Parent Communication Information:

1. What is your preferred language for written communication from the school? _____

2. What is your preferred language for oral communication with the school? _____

Sibling Information:

Names of Siblings

Age

Grade

School

Will student have a sibling(s) attending CLA: ☐ Yes ☐ No If yes, please list name(s) _____**Student Educational Information:**Has the student ever received special education services (IEP)? ☐ Yes ☐ NoIf yes, please check the IEP type – if known: ☐ Resource/Inclusion ☐ Self-Contained

Please check all areas of disability – if known:

☐ Specific Learning Disability☐ Emotional Disturbance☐ Intellectual Disability☐ Other Hearing Impaired☐ Autism Spectrum Disorder☐ Traumatic Brain Injury☐ Deafness☐ Deaf/Blindness☐ Speech/Language☐ Hearing Impairment☐ Orthopedic Impairment☐ Visual Impairment☐ Multiple DisabilitiesHas the student ever had a 504 plan? ☐ Yes ☐ No

If yes, in what area? _____

Has the student ever repeated a grade? ☐ Yes ☐ No

If yes, what grade? _____ Reason: _____

Has the student ever had any serious discipline problems, been suspended, or expelled from school? ☐ Yes ☐ No

If yes, please explain: _____

Student Health Information:

Is the student allergic to any medication? _____ Yes _____ No

If yes, what medications? _____

Is the student allergic to...

Ant bites? _____ Yes _____ No

If yes, is an Epi pen required? _____ Yes _____ No

Bee stings? _____ Yes _____ No

If yes, is an Epi pen required? _____ Yes _____ No

Specific food? _____ Yes _____ No

If yes, please list foods: _____

Latex allergy? _____ Yes _____ No

Other allergies: _____

List any medications the student is currently taking (daily or occasionally):

Check any medication listed below that CLA is authorized to give your student if needed:

_____ Tylenol _____ Ibuprofen _____ Sore throat / cough lozenges

_____ Sore throat spray _____ Other: _____

Is generic medication okay? _____ Yes _____ No

Does the student have any physical or emotional problems that require special medication? _____ Yes _____ No

If yes, please explain: _____

Physician / Hospital Information

Student's Physician: _____ Phone: _____

Hospital Preference: _____

Insurance Information

Insurance company: _____ Group #: _____

Employer: _____ Policy Holder: _____ Policy # _____ SS#: _____ - _____ - _____

Claims Phone # for verification: _____ Fax# _____

Claims mailing address: _____ City: _____ State: _____ Zip: _____

****If prescription or non-prescription medication is to be taken at school please be sure to fill out the appropriate form in this packet and return to the office.**

Student Health Information continued:

Does your child have any problems with vision, hearing, coordination, or speech? _____ yes _____ no

If yes, please explain: _____

Has your child had any hospitalizations, operations, major illness or injury, or significant accident _____ yes _____ no

If yes, please explain and include year and child's age at the time: _____

Has your child been diagnosed with any of the following chronic conditions?

Asthma: _____ Yes _____ No if yes, is inhaler required at school? _____ yes _____ no

Diabetes: _____ Yes _____ No if yes, is glucose test or insulin injection required at school? _____ yes _____ no

Seizures: _____ Yes _____ No if yes, is medication required at school? _____ yes _____ no

Other: _____

Please indicate if your child has ever been diagnosed by a physician with any of the following medical conditions:

(all information is confidential)

| | | | |
|-----------------|-----------|----------|---------------------|
| Chicken Pox: | _____ Yes | _____ No | If yes, when? _____ |
| Measles: | _____ Yes | _____ No | If yes, when? _____ |
| Meningitis: | _____ Yes | _____ No | If yes, when? _____ |
| Mumps: | _____ Yes | _____ No | If yes, when? _____ |
| Polio: | _____ Yes | _____ No | If yes, when? _____ |
| Rubella: | _____ Yes | _____ No | If yes, when? _____ |
| Scarlet Fever | _____ Yes | _____ No | If yes, when? _____ |
| Tonsillitis: | _____ Yes | _____ No | If yes, when? _____ |
| Whooping Cough: | _____ Yes | _____ No | If yes, when? _____ |

Medical Release

In the event that my child needs medical attention and Coastal Leadership Academy is unable to reach me, I authorize the persons named above as emergency contacts to speak and act on my behalf for my child's welfare.

I further release the staff of Coastal Leadership Academy from any and all liabilities in connection with the administering of first aid and other necessary medical attention required for my child.

In the event of an emergency when neither I nor my authorized emergency contacts can be reached, the school authorities are hereby authorized to use their best judgment in obtaining medical attention/treatment for my child.

I give permission for release of information on this application for confidential use in meeting my child's health and educational needs in school. I also give permission for this Student Health Information to be released to appropriate healthcare providers who may need this information to treat my child in a medical emergency.

Signature of Parent / Guardian: _____ **Date:** _____

MEDICATION PROTOCOL AT SCHOOL PARENT RESPONSIBILITIES

Prescription Medication

1. An Authorization for Administration of Prescription Medication form must be filled out by the physician and signed by the parent.
2. A separate authorization form must be filled out for EACH medication administered.
3. Changes in medication require a new authorization form signed by the physician and parent.
4. Medication must be in the original pharmacy-labeled container.
5. No more than a 30-day supply of medication may be accepted.
6. A responsible adult must deliver and pick-up the medication at the school office.
7. Notify office staff directly of any medication changes, including discontinued medications.
8. If your child is authorized to receive an early morning medication at school, do not give this dose at home.
9. Discontinued medication must be picked up by parent within one week of the stop date. Unclaimed medication will be destroyed one week after the stop date.
10. During the last month of the current school year, bring only enough medication to be used by the last day of school. Unclaimed medication will be destroyed at the close of the last day of school.

Non-Prescription Medication

1. The **ONLY** non-prescription medications/over-the-counter medications that will be administered at school are:

a. Acetaminophen (Tylenol)

c. Bismuth Subsalicylate (Pepto Bismol)

b. Ibuprofen (Motrin, Advil)

d. Diphenhydramine (Benadryl)

Any medically required exception to the above non-prescription medication, requires an Authorization of Prescription Medication form from the student's physician.

2. The Authorization for Administration of Over-the Counter Medication (OTC) form is available in the school office for parents to indicate which of these OTC medications can, or cannot, be administered to the student each school year. This form is also available on-line for parents to download at www.coastalleadershipacademy.org.
3. Over-the-counter medications, as listed above, are provided and maintained by the school office staff in the school office. Medications are kept the original containers with the manufacturer's label.
4. Notify office staff directly of any medication changes, including withdrawal of parental consent.
5. Over-the counter medications provided by the school will not be administered to pregnant or breast feeding students unless there is an Authorization of Prescription Medication form from the student's physician

COASTAL LEADERSHIP ACADEMY
3710 Palmetto Pointe Blvd.
Myrtle Beach, SC 29588

**AUTHORIZATION FOR ADMINISTRATION OF
NON-PRESCRIPTION/OVER-THE-COUNTER
MEDICATION (OTC)**

THIS FORM IS VOID IF ALTERED IN ANY WAY

INSTRUCTIONS: Each of the three sections must be completed by parent/guardian for student to receive an over-the counter (OTC), medication below.

I. STUDENT INFORMATION (To Be Completed By Parent/Guardian.)

| | | | |
|--------------------------------------|------------|-----------------------|--------------------|
| Student's Name (Last, First, Middle) | Birth Date | Grade | Medication Allergy |
| Parent/Guardian | Address | | |
| Best Contact # | Name | Second Best Contact # | Name |

II. ACTION PLAN (To Be Completed By Parent/Guardian.) Please complete all spaces. Circle yes or no to indicate which of the approved list of over the counter medication may be administered when indicated by student's symptoms.

THIS REQUEST IS TO BE EFFECTIVE FOR THE SCHOOL YEAR 20__-20__ OR EARLIER STOP DATE: _____

| Over-the Counter Medication | Dosage and Time | Condition/Symptoms | Possible Side-Effects* | Comments |
|---|--|--|---|--|
| Acetaminophen (Tylenol ®) Yes No | Administer according to the manufacturer's label | For relief of minor aches & pain; fever (100.5°) will not be treated at school unless nursing assessment indicated need for treatment of 102 or higher temperature while awaiting transportation home. | Non-significant if administered per manufacturer's label. | Alert: Students with a temperature over 100.4 must be sent home. |
| Ibuprofen (Motrin ®, Advil ®) Yes No | Administer according to the manufacturer's label | For relief of body aches & pain or menstrual cramps. | Stomach upset. | Alert: Contains no aspirin but should not be given if student has allergy to aspirin; may cause stomach bleeding. |
| Bismuth Subsalicylate (Pepto Bismol ®) Yes No | Administer according to the manufacturer's label | For upset stomach, nausea & diarrhea. | Temporary darkening of the stool and/or tongue. | Alert: Do not take if allergic to aspirin |
| Diphenhydramine (Benadryl ®) Yes No | Administer according to the manufacturer's label | For allergy symptoms. | Drowsiness or excitability. | Alert: Student will not be allowed to drive within 4 hours of taking Benadryl. |

***Manufacturer's label is maintained in the clinic for parents to review upon request.**

III. PARENTAL PERMISSION (To Be Completed By Parent/Guardian.) Form is void if this section is incomplete.

I request the designated school personnel to assist my child in the administration of the above described medication/s. I give permission for my child to take the medication indicated above by my checking the yes box according to the condition/symptoms described while in school or while participating in school activities away from the school site. I understand that: (1) there is no liability on the part of the Coastal Leadership Academy, its personnel, or agents, for civil damages as a result of the administration of this medication to my child when the person administering the medication acts as an ordinarily reasonably prudent person would have acted under the same or similar circumstances; (2) these medications will be stocked and maintained by the school office; (3) a record will be kept of each time the OTC was administered to my child and I will be notified after medication has been administered for 3 consecutive days; (4) I will be contacted if my child's symptoms do not improve and s/he is unable to remain at school. I hereby authorize the exchange of medical information regarding my child's treatment plan between physician and designated school personnel of Coastal Leadership Academy.

Parent/Guardian Signature: _____ Date: _____

****Students are not allowed to bring or carry any over-the-counter medications to school or school sponsored activities. ****

South Carolina State Board of Education
New U.S. Department of Education Race and Ethnicity Data Standards

Student's Name:

Student ID:

INSTRUCTIONS: This form is to be filled out by the student's parents or guardians, and both questions must be answered. Part A asks about the student's ethnicity and Part B asks about the student's race. If you decline to respond to either question, the school district is required to provide the missing information by observer identification.

Part A: Is this student Hispanic/Latino? (A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture, regardless of race.) **Choose only one.**

☐ No, Not Hispanic/Latino

☐ Yes, Hispanic/Latino

The question above is about ethnicity, not race. No matter which answer you selected, continue and respond to the question below by marking one or more boxes to indicated what you consider the student's race to be.

Part B: What is the student's race? **Choose one or more.**

- ☐ American Indian or Alaska Native (A person having origins in any of the original peoples of North and South America, including Central America, and who maintains tribal affiliation or community attachment.)
- ☐ Asian (A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam.)
- ☐ Black or African American (A person having origins in any of the black racial groups of Africa.)
- ☐ Native Hawaiian or Pacific Islander (A person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands.)
- ☐ White (A person having origins in any of the original peoples of Europe, the Middle East, or North Africa.)

(Signature of Legal Decision Maker)

Date



Enrollment Survey: Section I

Section I: This portion of the Enrollment Survey (ES) must be completed for *all* students upon first-time enrollment in South Carolina public schools and at registration each year.

Information collected within the ES is strictly for educational and program purposes. A local educational agency (LEA) must comply with Family Educational Rights and Privacy Act (FERPA) guidelines. Under federal law, all children, regardless of their citizenship or residency status, are entitled to equal access to free public education.

Student Name: _____
Date of Birth: _____
Today's Date: _____

Right to Translation and Interpretation Services

All families have the right to information about their student's education in a language they understand. An interpreter and translated documents **must** be provided by the district, free of charge when needed.

In what language(s) would your family prefer to communicate with the school?

Oral Communication Language(s): _____

Written Communication Language(s): _____

Title I, Part C: Education of Migratory Children & Youth

The Education of Migratory Children/Youth (MEP) is authorized by Title I, Part C of the Elementary and Secondary Education Act (ESEA), as amended by Every Student Succeeds Act (ESSA) of 2015. The MEP provides various educational services to families who work in agriculture and their children between the ages (0-21). This program is **free** to all eligible families and may include tutoring, free lunch eligibility, summer programs, parental involvement activities, and referrals to other services as needed.

In the last three (3) years, has anyone in your family moved from another school district, state, city, or country? Yes ☐ No ☐

In the past six (6) years, has anyone in your family worked in any of the following occupations? This includes work related to logging, timber planting/growing, harvesting, food processing plant (such as poultry, pork, beef, or vegetable), packing houses (fruits and vegetables), dairy farms, or other general farm work not listed. Yes ☐ No ☐



McKinney-Vento

This survey complies with the McKinney-Vento Act, U.S.C. 42 11431 *et seq.* Your answers will help determine if the student meets eligibility requirements for **free** services and educational rights provided under the McKinney-Vento Act, including immediate school enrollment, even if lacking required documents. Based on the residency option selected, this survey will be submitted to the district McKinney-Vento Liaison to determine eligibility.

What best describes where you live now?

- ☐ Single-family house/apartment/trailer
- ☐ Transitional Housing
- ☐ Living with others due to loss of housing or economic hardship
- ☐ Moving from place to place/couch surfing
- ☐ Car, park, or similar location
- ☐ Motel
- ☐ Camping grounds

- ☐ In a residence with inadequate facilities (no water, no heat, no electricity, no plumbing, overcrowded, infested, etc.)
- ☐ Agricultural camp
- ☐ Shelter
- ☐ Displaced by a natural disaster (hurricane, flood, etc.)
Disaster: _____
- ☐ Displaced due to COVID-19
- ☐ Other: _____



Enrollment Survey: Section II

Section II: This portion of the Enrollment Survey must be completed for *all* students upon first-time enrollment in South Carolina public schools and is not completed annually at registration.

Title III, Part A: Multilingual Learner Program (MLP) and Immigrant Children and Youth

The MLP program complies with Title III, Part A of the ESEA, as amended by ESSA. The MLP program provides various educational services to multilingual learners (MLs) and immigrant children and youth who may speak languages other than English. This program is **free** to all eligible students and provides support for language acquisition.

Home Language Survey (HLS)

School districts and charter schools are required to determine the language(s) spoken in each student's home to identify their specific language needs. The purpose of the HLS is to determine the primary or home language of the student and is given to all students one time at initial enrollment in a South Carolina public school district or charter school and should remain in the student's permanent record.

Information about the student's language helps to identify students who qualify for **free** support to develop the English language skills necessary for success. English language proficiency (ELP) testing may be necessary to determine if the student is eligible for language supports if a language other than English is recorded for any of the three HLS questions below. If the student qualifies, they will be entitled to services as an ML and will be assessed annually to determine their English language proficiency.

Families must fully understand the purpose and intent of the HLS and MLP program. **If you have any questions, you may contact your district's Title III/MLP Coordinator before completing the HLS.**

1. What is the language(s) that the **student** first acquired? _____
2. What language(s) is spoken most often by the **student**? _____
3. What is the **primary language(s) used in the home**, regardless of the language(s) spoken by the student? _____

Prior Education

In accordance with *Plyler v. Doe*, this form does not inquire about the immigration status of the student or family. The purpose of this form is to collect information about your student's prior education and pre-existing knowledge and skills.

Has the **student** received English language development support in a previous school? Yes ☐ No ☐ Don't Know ☐

In what country was the **student** born? _____

If born outside of the United States, District of Columbia, or the Commonwealth of Puerto Rico, when did the **student** first attend a school in the United States?

| Month | Day | Year |
|-------|-----|------|
|-------|-----|------|

Parent/Guardian Name: _____

Parent/Guardian Signature: _____

Your signature certifies you have read the Title III, Part A information above and completed it to the best of your knowledge.

Proof of Residency

Coastal Leadership Academy requires proof of residency for each student enrollment. Proof of residency must be provided for enrollment to be complete.

Child's name: _____ DOB ____/____/____

I, _____

Parent/Guardian Name

live at _____

Address

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 the account number and social security numbers on the documents. **Document must be current and show the name and address of the parents(s)/guardian(s).** You must provide one (1) of the following documents.

| | |
|--|---|
| <input type="checkbox"/> Gas Bill | <input type="checkbox"/> Real Estate Tax Bill |
| <input type="checkbox"/> Electric Bill | <input type="checkbox"/> Signed Lease |
| <input type="checkbox"/> Water/Sewer Bill | <input type="checkbox"/> Mortgage Document |
| <input type="checkbox"/> Cable Bill | <input type="checkbox"/> Current Real Property Assessment |
| <input type="checkbox"/> Pay Check Stub | <input type="checkbox"/> Military Housing Letter |
| <input type="checkbox"/> Driver's License/State ID | <input type="checkbox"/> Section 8 Letter |
| | <input type="checkbox"/> Affidavit of Residence |

The district may require a home visit and/or additional documentation to verify residence.

Signature: _____ Date: _____

| Office Use only | |
|--------------------|---------------------------------------|
| Date: _____ | Enrollment Personnel Signature: _____ |
| ____ Form Complete | ____ Form incomplete |



Device Contract

Technology Fee: Coastal Leadership Academy requires all students to pay an \$80.00 annual fee which includes a \$50 **non-refundable** technology fee. (This tech fee is **not** an insurance fee.)

Student Name: _____

Street Address: _____

City, State, Zip: _____

Parent email: _____

Parent Phone: _____

Must check one of the following:

____ I would like to purchase additional \$25 device insurance (this covers everything except loss of Chromebook.)

____ I am not going to purchase additional insurance and I understand that I am responsible for any repair or replacement costs according to the handbook.

Agreement: The student and parent/guardian hereby agree to these policies and regulations listed in the student handbook before a device will be assigned.

Student Signature: _____

Parent Signature: _____

Date: _____



DIRECTORY AND MILITARY INFORMATION OPT OUT

DIRECTORY INFORMATION

Under FERPA, a student's "directory information" is:

the student's name, address, telephone listing, date and place of birth, major field of study, participation in officially recognized activities and sports, weight and height of members of athletic teams, dates of attendance, degrees and awards received, and the most recent previous educational agency or institution attended by the student.

20 U.S.C. § 1232g(a)(5)(A). It is information contained in the education records of a student that would not generally be considered harmful or an invasion of privacy if disclosed. Typically, this also includes email addresses, telephone listings, photograph; grade level; and awards received. 34 C.F.R. § 99.3.

According to the U.S. Department of Education's Privacy Technical Assistance Center (PTAC):

A school may disclose "directory information" to third parties without consent if it has given public notice of the types of information which it has designated as "directory information," the parent's or eligible student's right to restrict the disclosure of such information, and the period of time within which a parent or eligible student has to notify the school in writing that he or she does not want any or all of those types of information designated as "directory information." 34 CFR § 99.3 and 34 CFR § 99.37.

For more information, reference the PTAC publication Protecting Student Privacy While Using Online Educational Services.

MILITARY AND HIGHER EDUCATION INSTITUTIONS

Under the Every Student Succeeds Act (ESSA), upon request of a military recruiter or institution of higher education, each local educational agency (LEA) receiving assistance shall provide access to the name, address, and telephone listing of each secondary student served by the LEA, unless the parent has submitted a prior written request that the listing not be released. LEAs must notify parents of this option. 20 U.S.C. § 7908.

For more information, reference the ESSA Student Recruiting Information webpage. ESSA § 8025 (a)(1) and SEC. 8025 (a)(2)(A).

SAMPLE OPT-OUT LANGUAGE

Sample opt-out language for Directory Information and Military or Higher Education Recruitment is below. Districts should consider including this content in registration platforms. Alternatively, an eCollect template with this language will be available for districts within PowerSchool.



DIRECTORY AND MILITARY INFORMATION OPT OUT

DIRECTORY AND MILITARY INFORMATION OPT OUT

Please complete and sign below only if you, or your student if they are 18 years of age or older, would like the student's name, address, telephone listing and/or other directory information held from release as directory information and recruitment purposes.

| | |
|---------------|--|
| Student Name: | |
| School Name: | |

If student is younger than 18:

☐ I am the parent or legal guardian of the student listed above who is under age 18.

If student is 18 or older:

☐ I am the student listed above and I am age 18 or over.

Please check appropriate box(es):

- ☐ Military Recruiters: I would like my student's name, address, and telephone information withheld from release to military recruiters without my prior written consent.
- ☐ Institutions of Higher Education: I would like my student's name, address, and telephone information withheld from release to institutions of higher education without my prior written consent.
- ☐ Directory Information: I would like my student's directory information withheld from release without my prior written consent.

Name of Legal Guardian or Student aged 18 or over: _____

Signature: (electronically typed or signed) _____

Date: _____

Media Release Form

I, as the parent/guardian of _____, hereby give Coastal Leadership Academy and its employees, representatives and authorized media organizations permission to photograph, interview and record my child and his/her likeness for use in audio, video, film or other electronic, digital and printed media. I also give Coastal Leadership Academy permission to release photos or recordings of any type to news media outlets including, but not limited to, newspapers and television stations. I understand that neither Coastal Leadership Academy nor the news media has any obligation to use or be compensated for such rights. I am also aware that I will not receive monetary compensation for my child's participation, and I waive any right to inspect or approve final use of materials. I agree to release and hold harmless Coastal Leadership Academy, its staff, Limestone Charter Association and assignees from any liability or claims of damage, known or unknown, related to such use. Please note if you opt out of the media release form, your child's photograph will still be included in yearbook and classroom publications as part of directory information unless you notify the school otherwise. Additionally, if at any time you wish to withdraw your consent, you may contact the administration of Coastal Leadership Academy; however, any prior photos or recordings of your child will remain part of the schools archive.

Student's Signature

Date

Parent or Guardian Signature

Date

Student Name:

Household Income Form

In order to determine eligibility to receive additional benefits for your child (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: Mrs. Sherri Oskin, Principal**

IMPORTANT NOTES: 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/Authorizer.

Report income for ALL Household Members.

A. Total Household Members – Children and Adults **Annual/Yearly Household Income**

B. Do any Household Members (including you) currently participate in one or more of the following assistance programs: SNAP, TANF, FDIPIR, or Medicaid?

☐ NO ☐ YES > If yes, write case number here: _____

C. 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.

| Student's First Name | Student's Last Name | Grade Level | School Child Attends | SNAP/TANF Benefits | Medicaid Benefits | Foster | Homeless, Migrant, Runaway | Head Start |
|----------------------|---------------------|-------------|----------------------|--------------------|-------------------|--------|----------------------------|------------|
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Please sign to certify that all of the above information is accurate:
"I certify (promise) that all information on this application is true and that all income is reported."

Name of Adult Household Member Completing the Form (printed)

Signature

Date

Street Address (if available), Apt #

City

State

Zip Code

Phone Number

PARENT/GUARDIAN CHECKLIST

☐ Have you included all of your children as household members? Are all adults included?

☐ Did you list a SNAP, TANF, and/or Medicaid case number, if applicable?

☐ Is all income recorded in Step A?

☐ Have you signed the form?

Status: _____ Date _____

Office Use Only

Employee name: _____