

Coastal Montessori

CHARTER SCHOOL

Enrollment Packet Check List

Please check off each item as completed, and submit this form with your packet.

- Enrollment Packet Check List with all Boxes Checked
- Authorization for Release of Student Records
- Enrollment Form
- Family Educational Rights and Privacy Act (FERPA) Consent Form
- Photo Release
- Medical History
- Emergency Contact Form
- Consent for Treatment (please include Medicaid number if applicable)
- Copy of Student's Birth Certificate
- Copy of Student's Social Security Card
- Copy of Immunization Records (or exemption form)
- Proof of Georgetown County Residency

Coastal Montessori Charter School is committed to the principle of equal opportunity in education and employment. CMCS does not discriminate against individuals on the basis of race, color, religion, sex, national origin, ethnic origin, marital status, disability, or age.

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Authorization for Release of Student Record

DATE: _____

To Whom it May Concern:

I hereby authorize Coastal Montessori Charter School to obtain transcripts, IEP/504 plans, health records, and other relevant materials (grades, progress records, test results) for

Student name: _____ Student Date of Birth: _____

Name of school that student currently attends: _____

Please send all permanent records for the above named child to:

*Office of Admissions
Coastal Montessori Charter School
247 Wildcat Way
Pawleys Island, SC 29585*

I understand this information will be handled confidentially and will be used only by appropriate authorities of Coastal Montessori Charter School.

Thank you for your assistance.

Parent Name

Parent Signature

Current School

Current school _____ Current grade _____

School's street address _____

City _____ State _____ Zip _____

School phone _____ School Fax _____

Teacher _____ Principal _____

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STUDENT'S FIRST NAME

MIDDLE NAME

LAST NAME

DATE OF BIRTH

GRADE FOR 2014-2015

SOCIAL SECURITY #

MALE FEMALE

REQUIRED RACE CODES (Multiple races may be chosen.)

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

PERMANENT PHYSICAL ADDRESS

CITY

STATE

ZIP

MAILING ADDRESS (if different from physical address)

CITY

STATE

ZIP

PREFERRED PHONE # AND TYPE (Mother's cell, home, etc.)

SECONDARY PHONE # AND TYPE

Father's Name: _____ Employer: _____

Occupation: _____ Telephone: _____

Mother's Name: _____ Employer: _____

Occupation: _____ Telephone: _____

With whom does the student live? _____ Relationship: _____

PROOF OF GEORGETOWN COUNTY RESIDENCY

Please submit a copy of one of the following: lease or proof of home ownership cable, water, phone, or electric bill
 bank statement from the last 60 days with the same address as your student

HOME LANGUAGE

What language did the child learn to speak first (i.e., native language)? _____

What is the primary language spoken in the home? _____

What language does the child use most? _____

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NEEDS

HAS STUDENT BEEN ENROLLED IN? (check all that apply)

- SPECIAL EDUCATION SPEECH LANGUAGE
 IEP 504 PLAN ELL

HAS STUDENT RECEIVED GIFTED AND TALENTED SERVICES? NO YES

HAS STUDENT BEEN SUSPENDED? NO YES

WHEN? _____

HAS STUDENT BEEN EXPELLED? NO YES

WHEN? _____

Parent/Guardian Signature _____

Date _____

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As the Director of Coastal Montessori Charter School, I have the great privilege of placing new and continuing students into the right classrooms. I assure you, every teacher at CMCS is highly-qualified, and most importantly passionate about serving children the Montessori way! That being said, since the placement of a child is a 3-year placement, this placement is not taken lightly.

It will always be my goal to consider each child's unique needs when making a classroom placement. In order to do so, I need your help. No one knows your child like you do. Please take the time to tell me about your child. This information WILL be used to make classroom placement decisions.

Please answer the following questions:

Student's Name: _____

What does your child enjoy doing inside your home? Outside?

Do you read aloud to your child? If so, how often?

Please describe your child with five words (i.e. inquisitive, kind, strong-willed, happy, helpful)

Describe your child's ability to be a part of a group (or one of many)

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What motivates your child?

Please share your child's greatest strengths

Please share your child's personal challenges

Please share other information that would help me to understand your child's unique needs better

Family Educational Rights and Privacy Act (FERPA) Consent Form

The Family Educational Rights and Privacy ACT (FERPA) gives parents and students over 18 years of age (“eligible students”) certain rights regarding the student’s education records. One of those rights is the right to consent to disclosures of personally identifiable information contained in the student’s education records.

Sometimes it is necessary to disclose the student’s name and address to vendors who provide important services related to the student’s education. CMCS may contract with vendors and subcontractors the school identifies as necessary for providing education services. Vendors will have agreed to ensure the confidentiality of the student’s name and address and not to use the information for any purposes other than what is specifically outlined in the vendor contract.

I hereby agree that my student’s name and address may be provided to the vendors and subcontractors identified by CMCS as vital to ensure my student’s education needs are met.

Parent/Guardian’s Signature _____ Date _____

Photo Release and Student Directory Consent

Photo/Video/Voice Release

Throughout the year, there are occasions when Coastal Montessori Charter School may want to take pictures/videos of your student participating in activities related to the school. We may use, duplicate, broadcast, distribute and display these pictures/videos in CMCS publications, including local newspapers, the school's website and/or homerooms, advertising and/or on other websites maintained by CMCS. We request that you sign this photo/video/voice release for your student to allow us to record on film, tape or otherwise, to edit such items as desirable/necessary and to use the student's name, likeness, image, voice and performance as outlined above.

- I give my consent for CMCS to use pictures/videos of my student
 I do NOT give my consent for CMCS to use pictures/videos of my student

Parent/Guardian Signature _____ Date _____

Student Directory

Do we have your permission to publish the parent's and student's name, address, email and phone number in the student directory?

- Yes No

If yes, please indicate how you would like this information to appear in the student directory:

Parent(s) Name: _____

Parent(s) Address: _____

Parent(s) Email: _____

Parent(s) Phone: _____

Student Name: _____

Student Address: _____

Parent/Guardian Signature _____ Date _____

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Medical History

Please provide us with the following pertinent health information so that we may best care for your child while he or she is at school.

Immunization

Provide a copy of your student's immunization records or exemption form.

Present or Past Health Problems or Illnesses

Has a doctor told you that your child has any of the following conditions:

- Allergies Food Medications Environmental Other

Does your student require the use of an EpiPen? Yes No

- | | |
|--|--|
| <input type="checkbox"/> ADD/ADHD | <input type="checkbox"/> Mental Health Problems |
| <input type="checkbox"/> Asthma | <input type="checkbox"/> Kidney Problems |
| <input type="checkbox"/> Breathing Problems | <input type="checkbox"/> Learning Problems |
| <input type="checkbox"/> Bone/Joint/Muscle Concerns | <input type="checkbox"/> Speech Problems |
| <input type="checkbox"/> Cancer | <input type="checkbox"/> Stomach Problems |
| <input type="checkbox"/> Diabetes (if yes, <input type="checkbox"/> Type I <input type="checkbox"/> Type II) | <input type="checkbox"/> Vision Problems |
| <input type="checkbox"/> Dental Problems | <input type="checkbox"/> Hospitalized in Past Year |
| <input type="checkbox"/> Dizziness/Fainting | <input type="checkbox"/> Headaches/Migraines |
| <input type="checkbox"/> Frequent Colds | <input type="checkbox"/> Serious Illness in Past Year |
| <input type="checkbox"/> Frequent Ear Infections | <input type="checkbox"/> Serious Accident in Past Year |
| <input type="checkbox"/> Frequent Throat Infections | <input type="checkbox"/> Seizures |
| <input type="checkbox"/> Head Injuries | <input type="checkbox"/> Surgeries |
| <input type="checkbox"/> Hearing Problems | <input type="checkbox"/> Weight Problem |
| <input type="checkbox"/> Heart Problems | <input type="checkbox"/> Other |

If you checked any of the above conditions, please explain and include dates if applicable:

Medications

Does your child take any medications regularly? If yes, please include the name of medication, frequency, and reason for use.

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Will your child be required to take any medications during school hours? If so, please include name of medication, time to be given, and reason for use (medications administered at school will require a signed parent consent).

Does your child have any activity restrictions? Yes No

Does your child have any assistive devices (hearing aides, glasses, braces)? Yes No

Please explain: _____

Does your child have any emotional, social or other conditions that might affect his/her school performance? Yes No

Please explain: _____

Do any other family members have any serious health problems? Yes No

Please explain: _____

Is your child covered by health insurance? Yes No Dental insurance? Yes No

Do you give CMCS permission to contact your pediatrician/dentist? Yes No

Pediatrician Name _____ Phone _____

Dentist Name _____ Phone _____

Hospital Preference _____

This information is confidential but may be shared with appropriate school personnel when deemed necessary. I understand that I am responsible for updating this information as needed.

SIGNATURE

DATE

RELATIONSHIP TO CHILD

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Emergency Contact Form

Student Information

Student Name _____ Grade _____

Mother/Guardian Name _____

Daytime Phone _____ Cell Phone _____

Email Address _____

Father/Guardian Name _____

Daytime Phone _____ Cell Phone _____

Email Address _____

Student lives with _____

Physician _____ Phone _____

Dentist _____ Phone _____

Emergency Contacts

Name _____ Phone _____

Relationship to Child _____

Name _____ Phone _____

Relationship to Child _____

Name _____ Phone _____

Relationship to Child _____

Authorization

I authorize CMCS personnel to obtain emergency medical care for my child in the event I cannot be reached. If transportation by ambulance is required, this may be obtained.

PARENT/GUARDIAN SIGNATURE

DATE

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Form 92
Rev. 03/19/13

SCHOOL DISTRICT OF GEORGETOWN COUNTY SPECIAL SERVICES

PARENTAL CONSENT FOR TREATMENT, RELEASE OF INFORMATION, AND FOR MEDICAID REIMBURSEMENT

The Georgetown County School District and the South Carolina Department of Education have my permission to provide health-related services to my child and to release and exchange medical, psychological, and other personal identifiable 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. I understand that the purpose of this consent is to bill Medicaid or other health insurance for services under Part B of the Individuals with Disabilities Education Act (IDEA).

By signing this form, I give the District and the South Carolina 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 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 the District and the South Carolina Department of Education have provided me written notification consistent with the IDEA regulation at 34 C.F.R. §§ 300.154(d)(2)(v) and 300.503(c), prior to accessing Medicaid or any third party insurance benefits and prior to this consent for release of information to bill Medicaid.

I further understand that the District and the South Carolina Department of Education will provide me annual written notification of my rights before Medicaid accesses my child's benefits to pay for services under the IDEA and that this consent for release of information to bill Medicaid is a one-time consent and is not required annually thereafter regardless of whether there is a change in the type or amount of services to be provided to the child or a change in the cost of the services to be charged to Medicaid or a third party insurance.

I understand that Medicaid reimbursement for health-related services provided by the District and the South Carolina 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 the District 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 the District and the South Carolina Department of Education will operate under the guidelines of Part B of the IDEA and the Family Educational Rights and Privacy Act (FERPA) to ensure confidentiality regarding my child's treatment and provision of health-related services.

Student's Name

Student's Date of Birth

Medicaid #

Signature of Parent/Guardian

Date

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Dress Code

School Uniform Vendor	Lands' End
Website	www.landsend.com
Retail Store Address	Lands' End Shop at Sears (88 miles) 3500 Oleander Dr. Wilmington, NC 28403 (910) 452 – 6288

Top

- CMCS red, navy blue, or blue embroidered short and/or long sleeved interlock or mesh polo shirts
- CMCS red, navy blue, or blue short and/or long sleeved t-shirts with silk screen logo (available at CMCS)
- Any jacket can be worn outside of the classroom, as long as it does not contain inappropriate or offensive language or symbols
- If a CMCS student is going to wear a sweatshirt, sweater, or athletic jacket inside of the classroom, it must be either a CMCS sweatshirt, sweater, or athletic jacket in navy blue or red or a solid colored navy blue or red sweatshirt, sweater, or athletic jacket
- CMCS red or navy blue cardigans (girls only) and/or red or navy blue zip front sweaters (girls and boys) are available for purchase

Dresses

- CMCS red, navy blue, blue embroidered short and/or long sleeved mesh polo dresses

Bottom

- Any of the pants, shorts, or skorts offered by **Lands' End** may be worn
- The following **Costco Schoolwear Nautica** shorts, pants, and skorts may be purchased
 - Khaki or navy blue plain front long shorts (boys and girls)
 - Khaki or navy blue plain front chino pants (boys and girls)
 - Khaki or navy blue skort (girls)
- The following shorts, pants, and skorts may be purchased from **Old Navy**
 - Boys pants – Item # 584483 – khaki or uniform blue
 - Boys shorts – Item # 898581 – rolled oats or classic navy
 - Girls pants – Item # 656300 – khaki or uniform blue
 - Girls shorts – Item # 475902 – rolled oats or uniform blue
 - Girls skorts – Item # 475909 – rolled oats or classic navy
- Students may wear solid black, navy blue, or white leggings or tights.

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Shoes

- Any shoes may be worn as long as toes are not showing. Please remember that students run around a lot during the day, so tennis shoes are the best option.
- Tennis shoes will be worn for PE days
- Crazy socks are allowed! (No above the knee socks!)

Hats

- Hats may be worn outside as long as they do not contain inappropriate or offensive language or symbols

Jewelry, makeup, piercings

Jewelry, makeup, and piercings are strongly discouraged for our 1st through 6th graders, but we will leave this up to the parents to decide. If students are allowed to wear any of these, it is expected that they will not be excessive or disruptive to the school environment. Small earrings are permitted.

Field trips

Students are expected to wear his or her CMCS tie-dye shirt (short or long-sleeved) with NICE jeans or Bermuda jean shorts. Students are always allowed to wear uniform bottoms on field trips. The most important thing to remember is each time we travel to a community event we are representing Coastal Montessori Charter School.

Tie-dye Wednesdays

Students may wear jeans (with no holes) and the CMCS tie-dye shirt on Wednesdays. If a student prefers not to wear the tie-dye shirt, s/he should wear a regular uniform shirt. Tie-dye shirts with silkscreen CMCS logo are available at CMCS.

PE days

- Top (Lands' End)
 - CMCS t-shirt or long sleeved shirt navy blue, red, and/or chambray blue
 - CMCS zip front sweatshirt navy blue and/or red
 - CMCS athletic jacket dark navy and/or dark red
 - Students may wear a hat while outside if it is cold
- Top (Walmart)
 - Boys navy blue or rhubarb red sweatshirt ([click here for web page](#))
 - Girls navy blue hooded sweatshirt ([click here for web page](#))
- Bottoms (Lands' End)
 - CMCS dark navy and/or dark red athletic shorts
 - CMCS dark navy and/or dark red athletic pants
- Bottoms (Walmart)
 - Girls navy blue or light steel fleece pants ([click here for web page](#))
 - Boys navy blue fleece pants ([click here for web page](#))
 - Unisex boys and girls jersey shorts in navy blue or grey ([click here for web page](#))

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- Shoes
- Tennis shoes

Non-uniform dress days

- Bottom Options
 - Jeans without holes
 - Shorts without holes and no more than 4 inches above the knee
 - Long skirts
 - Any of the regular uniform bottoms
- Top options
 - T-shirts, button-down shirts that contain no inappropriate words or images
 - Sweaters or sweatshirts
 - Any of the regular uniform tops
 - Dresses knee length or longer with short or long sleeves
- Shoes
 - Same as regular uniform days
- Other
 - No hats are allowed to be worn in class, even for free dress days

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General Information

- Purchasing uniforms will NEVER be a barrier to attending Coastal Montessori Charter School. If the cost of uniforms makes you nervous, please make time to meet with Dr. Hunt in the month of July. She will work with you to get your student ready for the school year.
- CMCS will host a few new student orientations and family days during the spring. You will be notified of the dates and details as they become available.
- Classes begin promptly at 8:30 AM. Please make arrangements to be on time each day.
- The earliest drop off time is 7:45 AM. Please walk your child in during this time, as morning carpool does not start until 8:10 AM.
- If you would like your student to eat breakfast in the school cafeteria, please drop them off no later than 8:00 AM.
- Morning carpool is from 8:10 – 8:25 AM in the CMCS parking lot (rear of the WMS building). CMCS staff will be curbside to greet your child during this time.
- Our assigned lunchtime in the WMS cafeteria is 1:00 PM. However, students have a snack in their classrooms mid-morning. Please send a snack with your child to school daily.
- Some teachers at CMCS choose to make snack each week. These classrooms ask your student to bring \$2 per week to class, so students can then use this money to shop for healthful foods they will then prepare for snack. Students actually go to the local Bo-Lo with their teacher to pick, pay for, and transport the food.
- Classes dismiss at 3:30 PM. Afternoon carpool is from 3:30 – 3:45 PM in the front circle (front of the WMS building).
- No child will be permitted to get into a car that does not display that child's carpool number (carpool placards are issued to each family in August).
- No child will be permitted to be signed out by a person who has not been designated on that child's "permission to pick up" list, which is filled out by the parent/guardian in August.
- Affordable after school care, the CMCS Clubhouse, is available every day from 3:45 – 5:45 PM, with the exception of half days and Fridays before school holidays.
- CMCS offers for-cost after school programs, including, but not limited to yoga, percussion, Girls on the Run (a character education program for 3rd through 5th grade girls), and tae kwon-do.
- Coastal Montessori Charter School, along with the Georgetown County School District, participates in the Free and Reduced Lunch Program. Applications will be sent home with each student at the beginning of each school year.
- Throughout the year the school and specific classrooms will attend field trips. On average, CMCS has two whole-school field trips a year, as well as 2 – 5 classroom field trips. Field trips cost anywhere from \$5 - \$10 per child
- CMCS currently subscribes to a for-cost online mathematics homework website. The cost to participate per child is \$8.
- Each teacher will send home a letter welcoming your child to his or her classroom over the summer. With this letter they will include a supply list. We understand that school supplies can be expensive and thus work hard to keep this list short.
- CMCS welcomes volunteers!! We treasure the opportunity to bring talent into our school throughout the year. If you know you are interested in serving as a volunteer, please ask for our Volunteer Handbook and Volunteer Packet. All volunteers are background checked.