



# MIDLANDS ARTS CONSERVATORY

## 2019/2020 Student Enrollment Packet

### Checklist of Requirements:

- Two Proofs of Residency (current lease; deed; property tax record; mortgage statement, utility bill, etc.).
- Withdrawal form from previous school.
- Report card/Transcript
- Immunization (may be in PowerSchool already). If child is enrolling in a school for the first time, the parent or guardian has 30 days from the first day of the child's attendance in school to obtain the required immunizations. Upon termination of the 30 days, the principal shall not permit the child to attend school unless the child has been immunized or has obtained the necessary exemption. If student is transferring from another school in the United States, immunization records will only be required if the former school does not transfer the record with the rest of the student's file.
- Custody Papers (if the person registering the student is not the parent, he/she must present a copy of the appropriate court order to establish legal guardianship). It is essential the school have a copy of the most up to date court paperwork concerning custody.
- Completed Enrollment Packet
  - ( ) Data sheets (page 1 and 2)
  - ( ) Military Connection Form
  - ( ) Opt Out of Directory Form, if applicable
  - ( ) Special Education or Other Formal Education Plan Form
  - ( ) Records Request Form
- Copy of the student's birth certificate or passport
- Copy of the student's social security card (not required, but important for tracking the student's records)

ENROLLMENT DATE \_\_\_\_\_ GRADE \_\_\_\_\_

Date: \_\_\_\_\_

**Student Information**

Legal Last Name: \_\_\_\_\_

Legal First Name: \_\_\_\_\_

Middle Name: \_\_\_\_\_

Preferred Name: \_\_\_\_\_

Birth Date: \_\_\_/\_\_\_/\_\_\_ Gender: M / F

Enrolling Grade: \_\_\_\_\_

SS # (optional): \_\_\_\_\_

Phone #: \_\_\_\_\_

Ethnicity (circle one): Hispanic Not Hispanic

Race (circle one or more):

American Indian Alaskan Native

Asian Black/African American

Native Hawaiian White

Other: \_\_\_\_\_

Address \_\_\_\_\_

Apt or PO Box \_\_\_\_\_

City \_\_\_\_\_ ZIP \_\_\_\_\_

**Previous School Information**

Previous School: \_\_\_\_\_

City: \_\_\_\_\_

State: \_\_\_\_\_ ZIP: \_\_\_\_\_

Phone #: \_\_\_\_\_ Fax #: \_\_\_\_\_

Home Language: \_\_\_\_\_

Student's Country of Birth: \_\_\_\_\_

What is the student's first language? \_\_\_\_\_

What language is spoken at home? \_\_\_\_\_

What language is most used by student? \_\_\_\_\_

Miscellaneous Forms: After reading and signing the corresponding documents, please indicate your preference.

Release of Media Information: Y / N

College Recruitment: Y / N

Military Recruitment : Y / N

Is student military Connected? Y / N

**Parent/Guardian Information**

Custody: \_\_\_\_\_ Lives with: \_\_\_\_\_ Court Access: \_\_\_\_\_

Parent/Guardian #1

Relationship: \_\_\_\_\_

Last Name: \_\_\_\_\_

First Name: \_\_\_\_\_

Living with Student? Y / N

Address: \_\_\_\_\_

Apt or PO Box: \_\_\_\_\_

City: \_\_\_\_\_ ZIP: \_\_\_\_\_

Employer: \_\_\_\_\_

Home Phone: \_\_\_\_\_

Day Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

Text Messages: Y / N

Email Address: \_\_\_\_\_

Email Address: \_\_\_\_\_

Parent/Guardian #2

Relationship: \_\_\_\_\_

Last Name: \_\_\_\_\_

First Name: \_\_\_\_\_

Living with Student? Y / N

Address: \_\_\_\_\_

Apt or PO Box: \_\_\_\_\_

City: \_\_\_\_\_ ZIP: \_\_\_\_\_

Employer: \_\_\_\_\_

Home Phone: \_\_\_\_\_

Day Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

Text Messages: Y / N

Email Address: \_\_\_\_\_

Email Address: \_\_\_\_\_

## Emergency Contacts

Relationship: \_\_\_\_\_

Relationship: \_\_\_\_\_

Last Name: \_\_\_\_\_

Last Name: \_\_\_\_\_

First Name: \_\_\_\_\_

First Name: \_\_\_\_\_

Home Phone: \_\_\_\_\_

Home Phone: \_\_\_\_\_

Day Phone: \_\_\_\_\_

Day Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

Permission to pick up? Y / N

Permission to pick up? Y / N

Speaks English? Y / N

Speaks English? Y / N

## Medical

Doctor's Name: \_\_\_\_\_

Phone #: \_\_\_\_\_

Dentist's Name: \_\_\_\_\_

Phone #: \_\_\_\_\_

Preferred Hospital: \_\_\_\_\_

Allergies: \_\_\_\_\_ **Life-threatening? Y / N**

Other health factors: \_\_\_\_\_

**Does student have any health or medical issues the school should be aware (i.e. asthma, diabetes, heart condition, etc.)? Y / N**

If yes, a detailed plan outlining proper care of the student must be provided to the school on or before the first day of the student attending classes.

## Siblings Enrolled in Midlands Arts Conservatory

Last Name: \_\_\_\_\_

Last Name: \_\_\_\_\_

First Name: \_\_\_\_\_

First Name: \_\_\_\_\_

Grade: \_\_\_\_\_

Grade: \_\_\_\_\_

## Parent Enrollment Declaration

Is the student currently suspended or expelled from any school? Y / N

I, \_\_\_\_\_, hereby swear and affirm that the above information is true and accurate.

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date

# Military Connection Form

Is the student military connected? Y / N

If you answered "yes," complete the form below.

Which immediate family member? Circle all that apply.

Father      Mother      Guardian      Stepfather      Stepmother      Other

Branch of service:

Air Force      Army      Coast Guard      Marine Corps      Navy

What is the status?

Active Duty      Reserves      National Guard      Disabled Veteran  
Retired Military      Veteran      Foreign Military      Active Reserve/Guard  
Deceased      Deceased-Killed in Action      Federal Civil Service Employee

Grade:

E1      E2      E3      E4      E5      E6      E7      E8      E9  
01      02      03      04      05      06      07      08      09  
W-1      W-2      W-3      W-4

Other: \_\_\_\_\_

Federal Civil Services Employee

## **Student Directory Opt Out Form Information**

### Notification of Directory Policy and Opt Out Rights:

The Family and Educational Rights and Privacy Act (FERPA), a federal law, requires that Midlands Arts Conservatory, with certain exceptions, obtain your written consent prior to the disclosure of personally identifiable information in your child's education records. However, Midlands Arts Conservatory may disclose appropriately designated "directory information" without written consent, unless you have advised the school that you opt out of disclosure of some or all of your student's directory information.

The primary purpose of directory information is to allow the school to include information from your child's education records in certain school publications (including website and social media), such as the annual yearbook, honor roll, and graduation programs. Directory information can also be disclosed to outside organizations without a parent's prior written consent. Outside organizations include, but are not limited to, companies that manufacture class rings or publish yearbooks and the media.

The following information is considered directory information:

1. Student's name
2. Parents'/guardians' names
3. Student's age
4. Student's photograph
5. Student's participation in officially recognized activities
6. Dates of the student's attendance
7. Degrees and awards received by the student

If you wish to opt out from the release of your child's directory information, in whole or in part, please complete this form and return it to the school within ten (10) days of your student's first day of class.

Please note that opting out from the release of some or all of your child's information may interfere with the following:

1. School recognition of your child's achievements
2. Inclusion of your child in a yearbook
3. Your receipt of information from community-based organizations, parent organizations, scholarship programs, colleges and institutions of higher education, and vendors (i.e. class ring manufacturers)

## Opt Out of Directory Information Form

If you wish to opt out from the release of your child's directory information, in whole or in part, please check each item below that you do NOT want released as directory information. Remember, this form must be returned to the school within ten (10) days of your student's first day of class.

- Student name
- Parents'/ Guardians' names
- Student's age
- Student's photograph
- Student's participation in officially recognized activities
- Dates of student's attendance
- Degrees and awards received by student
  
- Opt out of all directory information

### Certification

I, \_\_\_\_\_, an the parent/legal guardian of \_\_\_\_\_.  
I hereby opt out of the release of my child's directory information as detailed above.

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date

# Special Education or Other Formal Education Plans Form

Student's Full Name: \_\_\_\_\_

Circle One:

Yes No Student has received Special Education (Exceptional Children) services in the past.

Yes No Student has had an IEP (Individualized Education Plan)

Yes No Student has been identified as Academically/Intellectually Gifted

Yes No Student has a Section 504 Plan

Yes No Student has Personalized Education Plan

Yes No Student has received ESL (English as Second Language) services

If yes to any above, complete the following information:

Student's date of birth: \_\_\_\_ / \_\_\_\_ / \_\_\_\_\_

Address: \_\_\_\_\_

Parent/Guardian Name: \_\_\_\_\_

Phone #: \_\_\_\_\_ Work #: \_\_\_\_\_ Cell #: \_\_\_\_\_

Last school attended: \_\_\_\_\_

School address: \_\_\_\_\_

Contact person: \_\_\_\_\_ Phone #: \_\_\_\_\_

Student has (check all that apply):

- IEP (Individualized Education Plan)
- Academically/Intellectually Gifted Records
- Section 504 Plan
- Personalized Education Plan
- ESL Plan (English as a Second Language)

# Fine Arts Field of Study

Student's Full Name: \_\_\_\_\_

1. Primary Arts Concentration:

- Dance
- Music (Strings)
- Theatre
- Visual Arts

2. Secondary Arts Concentration-please rank in the order of preference:

- \_\_\_ Dance
- \_\_\_ Music (Strings)
- \_\_\_ Theatre
- \_\_\_ Visual Arts

Circle One:

Yes    No    If the student does not get a placement in his or her desired primary arts concentration, he or she would be willing to participate in another arts discipline. If so, which arts discipline?

\_\_\_\_\_





# MIDLANDS ARTS CONSERVATORY

## REQUEST FOR RECORDS

Shannon Hickey, Head of School  
3806 Main Street  
Columbia, SC 29203

Phone: 803-630-1622  
www.midlandsartsconservatory.org

Student's Name: \_\_\_\_\_ Grade: \_\_\_\_\_

Last School Attended: \_\_\_\_\_

Address of Last School Attended: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_

The student listed above has enrolled at Midlands Arts Conservatory. Please forward all educational records to the address listed above or email records (preferred) to shannon.hickey@midlandsartsconservatory.org  
Thank you for your prompt attention to this request.

Does this student have an IEP or 504 accommodation plan? YES \_\_\_\_\_ NO \_\_\_\_\_

**Please fax your response back to us for verification of disability as required by our district.**

If yes for IEP, please be sure to include:

\_\_\_ Psychological Evaluation

\_\_\_ Most Recent Eligibility Review Form and Reevaluation Review Plan

Items Requested:

\_\_\_ Withdrawal Grades and/or most recent report card

\_\_\_ Current Transcript

\_\_\_ Test Scores (including Achievement, Aptitude, End of Course and Exit Exam Scores)

\_\_\_ Attendance for Current year (only needed if transferring mid-year)

\_\_\_ Discipline Record

\_\_\_ Immunization Record

\_\_\_ Copy of Birth Certificate and SS Card

\_\_\_\_\_  
Parent\Guardian Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Midlands Arts Conservatory Signature

\_\_\_\_\_  
Date of 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.

Midlands Arts Conservatory  
3806 North Main Street, Columbia, South Carolina 29203  
(803) 630-1MAC