



Congratulations on your acceptance of enrollment at Tillery Charter Academy! We are excited to have you be a part of our Tigers for the upcoming school year!

Step 1 – After you have completed the online enrollment, please complete this enrollment packet for your student.

Step 2 – Once you have completed the enrollment packet, you can turn in the packet to the front office at Tillery Charter Academy or scan and upload the forms to the secure Dropbox for the school.

Parent Checklist

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

- | | |
|---|---|
| <input type="checkbox"/> Enrollment Acceptance/Declination Form | <input type="checkbox"/> Home Language Survey |
| <input type="checkbox"/> Student Demographic Form | <input type="checkbox"/> Records Request Form |
| <input type="checkbox"/> Family/Emergency Contact Form | Optional Forms: (please complete if they apply to you student) |
| <input type="checkbox"/> Publicity/Photo Release Form | <input type="checkbox"/> Free/Reduced Lunch Form |
| <input type="checkbox"/> Student Needs/Services Form | <input type="checkbox"/> Authorization for Medication |
| <input type="checkbox"/> After School Form | <input type="checkbox"/> Authorization to Self-Carry Medication |
| <input type="checkbox"/> Transportation Form | |

Below is the documentation that is **REQUIRED** to complete your student's enrollment. Please scan and upload them to the secure Dropbox or drop off at the school.

- ☐ 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

Tillery 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



Enrollment Acceptance/Declination Form

This is a REQUIRED form for each student.

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 Tillery 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.**



**TILLERY
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A CLASSICAL ACADEMY

Student Demographic Form

This is a **REQUIRED** form for each student.

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

This is a **REQUIRED** form for each student.

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: _____



Publicity/Photo Release Form 2023-2024

This is a **REQUIRED** form for each student.

I give permission for Tillery Charter School 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 Tillery Charter Academy for web pages and/or promotional purposes.

By signing below, I am releasing Tillery 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 Tillery 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

This is a REQUIRED form for each student.

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

This is a REQUIRED form for each student.

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 **REQUIRED** form for each student.

Student First Name: _____ **Student Last Name:** _____

Student Grade: _____ **School Year:** _____

PLEASE NOTE: Bus transportation will be first come, first serve. Spots will fill up quickly as space is limited on each bus. There is NO limit to the number car riders or carpools. If you plan to be a bus rider and car rider, please indicate both. School hours are 8:00AM to 3:00PM

Will your student be a car rider at any point in the school year?

____ Yes ____ No ____ Yes, my student will be a part of a carpool

Will your student be a bus rider?

____ Yes ____ No

Morning Bus Transportation Selection

- ____ Food Lion on Hwy 24/27 - Albemarle
- ____ Mt. Gilead Boat Landing
- ____ Food Lion on Albemarle Rd - Troy
- ____ Kountry Kids Day Care – Biscoe
- ____ Hardee's – Seagrove
- ____ McDowell Street Gas Station – Albemarle
- ____ Quick Check/Sunoco – Candor
- ____ Mt. Gilead 1st United Methodist Church
- ____ No Morning Bus Transportation

Afternoon Bus Transportation Selection

- ____ Food Lion on Hwy 24/27 - Albemarle
- ____ Mt. Gilead Boat Landing
- ____ Food Lion on Albemarle Rd - Troy
- ____ Kountry Kids Day Care – Biscoe
- ____ Hardee's – Seagrove
- ____ McDowell Street Gas Station – Albemarle
- ____ Quick Check/Sunoco – Candor
- ____ Mt. Gilead 1st United Methodist Church
- ____ No Afternoon Bus Transportation

Is there any additional information or special situation that Tillery Charter School needs to be made aware of regarding transportation?

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 **REQUIRED** 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

This is a REQUIRED form for each student.

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 Tillery 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: _____



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 Tillery 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 Tillery 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: _____



Certification Page

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 Tillery Charter Academy. I also agree to turn in the above required documents in a timely manner according to the Tillery Charter Academy and NC State Guidelines.

Signature: _____ Date: _____



Scan QR Code to complete online enrollment (if not already done so)
and/or to upload these documents.