



SUGAR CREEK CHARTER SCHOOL

Welcome to Sugar Creek Charter School,

We are pleased to inform you that your child, _____, has been accepted into Sugar Creek Charter School for the 2023-2024 school year. To accept your student's spot, please complete the acceptance link below. Please take a few moments to complete all forms included in the enrollment packet for each student listed above and **submit no later than April 14, 2023.**

If your student is a rising Kindergartener, please make sure to send in a copy of your child's Birth Certificate and immunizations records 30 days before the first day of school. In addition, all rising 7th grade students must also have an updated immunization record on file. Placement testing for newly enrolled students will take place in June. As dates become available, we will contact you with more information. Should you have any question, please contact the main campus at 704-509-5470 ext. 338.

Thank you for your interest in Sugar Creek Charter School, we look forward to seeing you this fall!

Parent/Guardian Acknowledgement (Please check one)

- I wish to accept this seat and** agree to begin the enrollment process as set forth by Sugar Creek Charter School. I understand that my child's enrollment is contingent on completion of the student enrollment packet by April 14th.
- I wish to decline this offer** and agree to give my child's seat to the next applicant on the waitlist. I understand that this revokes my child's seat, and that if I decide to reapply my child will be placed back on the waitlist.

Sugar Creek Charter Main Campus
4101 North Tyrone St
Charlotte, NC 28206

P: (704) 509-5470 F: (704) 921-1004

J. Frank Martin High School Campus
7821 Old Concord Rd
Charlotte, NC 28213

P: (980)-242-3070 F: (980) 242-5349

www.thesugarcreek.org



Request 1 Date: _____
 Request 2 Date: _____
 Request 3 Date: _____

Student Record Request

Sugar Creek Charter School Student Records Request

Send request records to:

School Name: Sugar Creek Charter School

To the Attention of: Christina Boger

Requestor's Email Address: **Boger.Christina@thesugarcreek.org**

School Address: 4101 North Tryon Street Charlotte, NC 28206

School Phone #: 704-509-5470

School Fax #: 704-921-1004

Requesting records from:

School Name: _____

Attention To: _____

Fax Number: _____

Sugar Creek Charter School is requesting the following Student Record:

- Formal withdrawal/transfer form including the most current average for each course in which the student is enrolled (*numerical & letter grade with grading scale*)
- Send most recent transcript (*High School Only*)
- Student's birth certificate and all immunization & Health records (*required to have the doctor's/official cop of birth certificate and immunization records*)
- **All discipline records** to date including the most current custody/ guardianship documentation
- **All report cards**, including the most current quarterly report card
- **All test scores**, including but not limited to state testing, end of grade and end of course testing, etc.
- ESL (*English as a second language*) evaluations, testing and documentation
- All individual education plan (*IEP*) documentation and accommodations to date including all IEP service evaluations and all psychological evaluations
- 504 Plan, please include all documents to date
- Advanced placement or Academically gifted program documentation and testing results

It is North Carolina law that Immunization Records are sent/received 30 days after enrollment. Students are subject to suspension/exclusion if immunizations are not received and in compliance by the 30th day after enrollment

Student's Information

Student's Name: _____

Last Name

First Name

Middle Name

Student's Date of Birth: _____ Current Grade Level: _____

Current/Historical NC ID Number: _____

Previous School Attended: _____

I consent for the above named school to release the student's school records and any legal documents to Sugar Creek Charter School

Print: _____ Sign: _____ Today's Date: _____



HOME LANGUAGE SURVEY

Sugar Creek Charter School

Please return! / ¡Por favor devuelval! / S'il vous plaît revenirl!

Student Name	Grade
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What is your relationship to the child? / (ESP)¿Cuál es su relación con el estudiante? / (FRA) Quelle est votre lien de parenté avec l'enfant ?

Father Mother Guardian Other (specify) _____
 Padre Madre Tutor Otro (especificue)
 Père Mère Tuteur Autre (précisez)

1- What is the first date your child enrolled in a school in the United States? / (ESP)¿Cuál es la primera fecha en que su hijo se inscribió en una escuela en los Estados Unidos? / (FRA)Quelle est la première date d'inscription de votre enfant dans une école aux États-Unis?

_____ / _____ / _____
 Month / Day / Year

	English	Other -Otro -Autre	Other Language(s) -Otro idioma - Autre langue
2- Which language did your child learn first? -(ESP) ¿Cuál fué el primer idioma que aprendió su hijo/a? -(FRA)Quelle langue votre enfant a-t-il apprise en premier ?	<input type="checkbox"/>	<input type="checkbox"/>	
3- What language do you use most of the time when you talk to your child? -(ESP) ¿Qué idioma usa mayormente cuando habla con su hijo? -(FRA) Quelle langue utilisez-vous principalement lorsque vous parlez à votre enfant?	<input type="checkbox"/>	<input type="checkbox"/>	
4- What language does your child speak most of the time at home? -(ESP)¿Qué idioma habla su hijo la mayor parte del tiempo en casa? -(FRA)Quelle langue votre enfant parle-t-il le plus souvent à la maison?	<input type="checkbox"/>	<input type="checkbox"/>	
5- In which language do you prefer to receive information from the school? -(ESP)¿En que idioma prefiere recibir comunicaciones de la escuela? -(FRA) Dans quelle langue préférez-vous recevoir les communications de l'école ?			

	SIGNATURE	
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Signature of person completing the form / (ESP)Firma de la persona que completa el formulario / (FRA)Signature de la personne qui remplit le formulaire	Date
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*****For Office Use Only*****

Directions:

1. Parents/guardians of all new students complete this form at the time of enrollment and record all information requested. Provide interpreting services whenever necessary.
2. Ensure that all questions on the form are completed. Determine which ESL Program staff will review the responses, interview the parent as necessary, and/or observe the student to determine the home language. If the parent lists more than one language other than English, the reviewer must determine which one is the child's home language for data collection purposes and document it on this form.
3. If it is determined that a student's home language is other than English, document that student's name and send it to ESL Program staff so that they can administer the English language proficiency test. They will follow school protocol to collect and document the student's scores.
4. Place the original form in the student's cumulative folder.

Person Reviewing this Survey: _____

Determination	
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



SUGAR CREEK CHARTER SCHOOL

"Where strong minds and strong character are valued and nurtured."

August 2023-2024

Dear Parents/Guardian,

Welcome to the 2023-2024 School year at Sugar Creek Charter School! We know you share our concern for the safety of every student who rides a school bus or activity bus. We ask you to stress the importance to your child to follow and obey the bus transportation rules, so that privileges won't be intruded.

We are proud to announce that we are operating a full fleet of buses that have undergone several upgrades and restorations to make sure our students will receive a first-class bus ride to and from school. A great amount has been budgeted and spent to make sure that our buses and bus program is top notch. It will take a great effort on the part of drivers, students and staff to make sure we keep our buses in this condition. So, we are encouraging all students to take pride in their buses and to not vandalize or damage any components of the bus.

Any individual or in the event there are multiple students sitting in a seat, or willfully cuts, defaces or otherwise damages in any way Sugar Creek Charter School transportation property will be subject to pay for all damages. Should the individual be a minor, the parent or guardian of any such individual shall be required to pay for all damages so caused by the minor. Please speak with your students about the seriousness of this policy. Sugar Creek Charter School provides transportation as a service to our students. This is a privilege; therefore, students are expected to conduct themselves according to the code of conduct. Thank you for your attention to this matter. We look forward to a great and productive school year!

*****All parents that take advantage of Sugar Creek Charter School's transportation is required to sign and return this document within the first week of school, by (August 2023-2024). Acknowledging that you and your child(ren) understand this policy. *** Please sign and return this completed document to your child(ren) home room teacher. Please note until this document is signed and returned to school, transportation will not be available for any student without completed document on file by August 2023-2024**

Sincerely,

Evelyn Richardson
Director of Transportation
Sugar Creek Charter School
erichardson@thesugarcreek.org
(704) 509-5470

I, _____ and my child _____
have read and understand the new transportation policy regarding vandalism.

Student signature: _____ Parent signature: _____

Bus Number _____ Grade _____ Date: _____



SUGAR CREEK CHARTER SCHOOL

"Where strong minds and strong character are valued and nurtured."

School Use Only: AM ___ PM ___ Car Rider ___ Bus # ___ Walker ___

Sugarcreek Charter School Transportation Request Form

***This Form Must Be Completed By EVERY Household.**

Part A: If You Need School Bus Transportation Please Complete Part B.

Part A: Student Information

Student's Name: _____

Grade: ___ Address: _____ City: _____ State: _____

Home Phone Number: _____

Mother/Guardian

First Name: _____ Last Name: _____

Cell Number: _____ Work Number: _____

Father/Guardian

First Name: _____ Last Name: _____

Cell Number: _____ Work Number: _____

Will The Student Need Daily School Bus Transportation? Yes: ___ No: ___

***If You Selected Yes, Continue to Part B**

Part B: Transportation Information

My Child Will Use the Closest Bus Stop Requested

AM: ___ PM: ___ Both: ___

My Child Will Use the After School Program In place of the Bus.

Am: ___ PM: ___ Both: ___

The Alternate Address are as Listed below...

Boys & Girls Club: ___ YMCA: ___ Please Choose Below

Johnston YMCA 3025 N. Davidson St: _____	McCoy YMCA 3801 Beatties Ford Rd: _____	Stratford-Richardson YMCA 1946 W. Blvd: _____
Boys & Girls Club 901 Belmont AV: _____	Boys & Girls Club 2091 Milton Rd _____	

***Multiple Student Households MUST Complete a Form For EACH STUDENT Who Needs Transportation. All Changes will take 5-10 Business days to Process.**

***For Any Question please call SCCS Transportation at 704-509-5551**

4101 North Tryon Street, Charlotte, NC 28206
Phone: (704) 509-5470 * Fax: (704) 921-1004 * www.thesugarcreek.org



PUBLIC SCHOOLS OF NORTH CAROLINA

DEPARTMENT OF PUBLIC INSTRUCTION | Catherine Truitt, Superintendent of Public Instruction

WWW.DPI.NC.GOV



Occupational Survey

Student Name : _____
Last Name First Name

School: _____ Grade: _____

The Migrant Education Program, through the North Carolina Department of Public Instruction, provides support and instructional services to children and families who have moved in the past three years and who have done agriculture or fishing work. We appreciate your help in determining if your children or relatives qualify to receive services in this program. Please answer the following questions and return the survey to the school.

<p>1. Have you or someone in your family worked in any of the following areas below in the last three years? No _____ Yes _____ (Select all that apply and continue to question number 2)</p>			
<p>2. Have you or your family moved to another school district or to another city or county in the last three years? No _____ Yes _____</p>			
 Work in the harvest of fruits and vegetables, tobacco, sweet potatoes, nuts, cotton, or in agricultural farms, ranches, fields, and vineyards <input type="checkbox"/>	 Working in a fruit or vegetable cannery or in a fruit or vegetable packing plant <input type="checkbox"/>	 Working in a dairy <input type="checkbox"/>	 Working in a fishery or on a shrimp or catfish farm <input type="checkbox"/>
 Working in a slaughter house (chicken, cow, or pig) <input type="checkbox"/>	 Working on a poultry or hog farm <input type="checkbox"/>	 Working in a plant nursery or orchard; growing or harvesting trees <input type="checkbox"/>	 Other similar work in agriculture, please explain: _____ _____ _____
<p>3. How long ago did you arrive to this school district? Month _____ Year _____</p>			
<p>4. Parent(s)' Name(s) _____</p>			
<p>5. What is your current address?</p> <p>Address _____</p> <p>City _____ State _____ Zip Code _____</p>			
<p>6. Phone Number(s): _____</p>			

FEDERAL PROGRAM MONITORING & SUPPORT DIVISION

6351 Mail Service Center, Raleigh, North Carolina 27699-6351 | (984) 236-2786 | Fax (984) 236-2099

AN EQUAL OPPORTUNITY/AFFIRMATIVE ACTION EMPLOYER

**Sugar Creek Charter School
Student Information Sheet**

<u>Student Name</u>	
<u>2023-24 Grade Level</u>	
Home Address	Mailing Address
Parent/Guardian Contacts	
<u>Mother/Guardian Information</u>	
<u>Name</u> __ Lives With	Home Phone Work Phone Cell Phone Email
<u>Father/Guardian Information</u>	
<u>Name</u> __ Lives With	Home Phone Work Phone Cell Phone Email
Emergency Contacts (up to 3 contacts)	
<u>Name</u>	Phone Number Relationship
<u>Name</u>	Phone Number Relationship
<u>Name</u>	Phone Number Relationship