

**Mountain Discovery Charter School
2011-2012 New Student Registration Form
Kindergarten – 8th Grade**

Any child eligible to attend public school in North Carolina and who meets the age and grade requirements is eligible to attend Mountain Discovery Charter School.

Please complete and return this registration form to:

**Mountain Discovery Charter School
890 Jenkins Branch Rd., N
Bryson City, NC 28713.**

You may call the school office for more information at 828-488-1222 or Fax: 828-488-0526

Please note: Children must be 5yrs. old by August 31 to enroll in Kindergarten. Kindergarten registrations require birth certificate, immunization records, and a completed physician's form. These blank forms are available in the school office. There will be a Kindergarten screening scheduled during the summer; you will be notified of the exact date.

Student Information

Child's Name: _____ **Social Security Number:** _____

(For school records, your child will be listed by their legal name. (This excludes nicknames, or assumed names.)

Grade Level for 2011-2012 (please check): K 1 2 3 4 5 6 7 8

Child's Age as of August 31, 2011: _____ **Birth date:** _____

Birth place: _____

Ethnicity: Non-Hispanic Hispanic

Race: (please check): American Indian Asian Black Hawaiian/Pacific Islander White

Child Resides with: both parents mother only father only legal guardian

Relative (show relationship) _____ **Child's Sex:** M F

Child's County of Residence: (please check):

Jackson Swain Graham Haywood Cherokee/Qualla Boundary 32 Acre Tract Other:

Does your child have any siblings already enrolled in MDCS, or who will be enrolling in MDCS this school year? Y N – If yes, please give name(s): _____

Parent/Guardian Information:

Mother/Guardian Name: _____

Mailing Address: _____

Physical Address: _____

County: _____

Employer: _____

Employer Address: _____

Home Phone: _____

Work Phone: _____

Cell Phone: _____

Email Address: _____

Father/Guardian Name: _____

Mailing Address: _____

Physical Address: _____

County: _____

Employer: _____

Employer Address: _____

Home Phone: _____

Work Phone: _____

Cell Phone: _____

Email Address: _____

Previous School Attendance Information:

What school did your child attend 2010-2011 school year? _____

Previous School Information (*please check as appropriate*):

Public School Private School Home School In State Out-of-State

Has your child **received and/or been eligible for** Special Education Services? Yes No. If yes, please indicate school year(s) _____, name of school(s) _____.

Has your child been **tested** for Special Education Services? Yes No.

If yes, please indicate school year(s) _____, name of school(s) _____.

Is your child currently serving either a suspension or expulsion from another school system? Yes No

Student Medical Information:

Doctor's Name: _____ Phone Number: _____

Is your child eligible for Medicaid? Yes No

Student's Medical Conditions:

Does your child currently have any of the following?

Drug Allergies	<input type="checkbox"/> Yes <input type="checkbox"/> No	Dizziness or seizures	<input type="checkbox"/> Yes <input type="checkbox"/> No
Food Allergies	<input type="checkbox"/> Yes <input type="checkbox"/> No	Physical restrictions	<input type="checkbox"/> Yes <input type="checkbox"/> No
Allergies to Insect Bites	<input type="checkbox"/> Yes <input type="checkbox"/> No	Serious eye defects	<input type="checkbox"/> Yes <input type="checkbox"/> No
Special Dietary Needs	<input type="checkbox"/> Yes <input type="checkbox"/> No	Frequent ear infections	<input type="checkbox"/> Yes <input type="checkbox"/> No
Asthma	<input type="checkbox"/> Yes <input type="checkbox"/> No	Hearing defects	<input type="checkbox"/> Yes <input type="checkbox"/> No
Frequent Headaches	<input type="checkbox"/> Yes <input type="checkbox"/> No	Bronchitis	<input type="checkbox"/> Yes <input type="checkbox"/> No

If yes to any of the above, please describe. _____

Has your child undergone counseling? Yes No

If yes, please explain. _____

Is your child currently taking medication? Yes No

If yes, please describe in detail. _____

How did you find out about MDCS: Friend Newspaper Referral Internet Other, please explain _____:

Statement to Parent/Guardian

Any child eligible to attend public school in North Carolina and who meets the age and grade requirements is eligible to attend Mountain Discovery Charter School. Mountain Discovery Charter School does not discriminate on the basis of race, ethnicity, national origin, gender, religion or disability. I understand that submission of this application does not guarantee my child admission to the school. I understand that enrollment will be determined by the Admission and Lottery Procedure outlined by MDCS Board of Directors, and that I may receive a copy of this procedure from the school.

I have read and understand the terms of this application.

Signature of Parent/Guardian

Printed Name of Parent/Guardian

Date