

# ENROLLMENT CHECKLIST

To enroll your scholar at Pee Dee Innovation and Leadership Academy, complete the following forms:



- Pages 1–8 of this Enrollment Packet
- Home Language Survey
- Consent to Release Records

In addition, please provide copies of the following:

- Current Immunization Certificate
- Birth Certificate
- Two Acceptable Document for Proof of Residency (See list)
- Parent/Legal Guardian Driver's License or Identification Card
- Court-ordered Guardianship papers (if applicable)
- IEP/504/ Gifted/Speech plan (if available)
- ESOL/ELL plan (if available)

Return all enrollment items on this checklist in one of the following ways:

SEND BY MAIL TO: PO Box 1483, Lake City, SC 29560

SCAN AND EMAIL TO: [pdilacademy@gmail.com](mailto:pdilacademy@gmail.com)

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By completing this form, I attest that I have custody and educational authority for this child.

**STUDENT INFORMATION** Please print in all areas except signatures

LAST NAME		FIRST NAME	MIDDLE NAME	SUFFIX
		<input type="checkbox"/> Female <input type="checkbox"/> Male		
PREFERRED NAME		GENDER	ENROLLING GRADE LEVEL	
HOME ADDRESS		CITY	ZIPCODE	
MAILING ADDRESS, IF DIFFERENT		CITY	ZIPCODE	

**Ethnicity & Race**

Is student Hispanic or Latino?  Yes  No

Race (CHECK ALL THAT APPLY):

- American Indian or Alaskan Native
- Native Hawaiian or Pacific Islander
- Asian  Black  White

**Birth Information**

DATE OF BIRTH \_\_\_\_\_

PLACE OF BIRTH (CITY & STATE OR COUNTRY IF NOT US) \_\_\_\_\_

**Siblings**

PLEASE LIST SIBLINGS ENROLLED IN PDILA (A SEPARATE APPLICATION MUST BE COMPLETED FOR EACH.)

FULL NAME	BIRTH DATE	GENDER
FULL NAME	BIRTH DATE	GENDER
FULL NAME	BIRTH DATE	GENDER
FULL NAME	BIRTH DATE	GENDER

If the child you are enrolling is homeless, migrant, or a runaway, check the appropriate box:

- Homeless  Migrant  Runaway

Does the student live in a foster home?  Yes  No

Does the student live in a group home?  Yes  No IF YES, WHICH GROUP HOME: \_\_\_\_\_

Is there a court order barring either parent from removing the student from school?  Yes  No

Do parents have shared (or joint) parental rights and responsibility?  Yes  No

Does one parent have court-ordered final decision-making authority regarding educational decisions for the student?  Yes  No

Is there a Temporary Restraining Order, Permanent Restraining Order, Order of No Contact, or other court order that restricts or impacts access to the student by anyone, including the other parent?  Yes  No  
Please provide the school with a copy of any applicable court orders.

# PARENT/LEGAL GUARDIAN INFORMATION



PRINT STUDENT'S FIRST NAME                      MIDDLE INITIAL                      LAST NAME                      DATE OF BIRTH

STUDENT LIVES WITH:  Both Parents     Mother Only     Father Only     Grandparent     Legal Guardian  
 Both Parents Alternately     Foster Parents     Other Adult: \_\_\_\_\_

## Parent/ Legal Guardian #1 PARENT LISTED ON CHILD'S BIRTH CERTIFICATE OR COURT-ISSUED CUSTODY DOCUMENT

PARENT/GUARDIAN FIRST NAME                      LAST NAME                      RELATIONSHIP TO CHILD

SAME AS CHILD

MAILING ADDRESS                      CITY                      STATE                      ZIPCODE

HOME PHONE #                      CELL PHONE #                      WORK PHONE #                      EMAIL ADDRESS

Does Parent/Legal Guardian #1 have custody?  Yes     No    IF NO, PLEASE REMEMBER TO PROVIDE A COPY OF APPROPRIATE COURT DOCUMENTATION

## Parent/ Legal Guardian #2 PARENT LISTED ON CHILD'S BIRTH CERTIFICATE OR COURT-ISSUED CUSTODY DOCUMENT

PARENT/GUARDIAN FIRST NAME                      LAST NAME                      RELATIONSHIP TO CHILD

SAME AS CHILD

MAILING ADDRESS                      CITY                      STATE                      ZIPCODE

HOME PHONE #                      CELL PHONE #                      WORK PHONE #                      EMAIL ADDRESS

Does Parent/Legal Guardian #2 have custody?  Yes     No    IF NO, PLEASE REMEMBER TO PROVIDE A COPY OF APPROPRIATE COURT DOCUMENTATION

Is either parent or legal guardian on active duty in the military?  Yes     No

Is either parent or legal guardian on active duty in the reserves or national guard?  Yes     No

Has either parent or legal guardian worked as a civilian on federal property or live on federal property?  
 Yes     No

Are the student's parents migrant workers?  Yes     No

NOTE: In the future, PDILA intends to use an automated phone message system for parent notifications. This system can also be utilized to send text alerts in the event of unexpected school closings, early dismissals, or emergencies. Text alerts can be sent at any time of day, but are only utilized in unusual or emergency situations, such as an early morning decision to delay or close school due to weather. Please indicate below which phone number you would like to utilize for parent messages. If you want to receive texts as described above, please provide one (or two) text- enabled cell phone numbers.

PHONE # 1                      PHONE # 2



# ACADEMIC INFORMATION

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PRINT STUDENT'S FIRST NAME                      MIDDLE INITIAL                      LAST NAME                      DATE OF BIRTH

ENROLLING GRADE LEVEL \_\_\_\_\_ (WHAT GRADE WILL THEY BE IN FOR THE 2025-2026 SY?)

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NAME OF SCHOOL ATTENDED DURING THE 2024-2025 SCHOOL YEAR

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SCHOOL'S CITY    STATE    COUNTY

TYPE OF SCHOOL:     Public / Charter     Private     Homeschool

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DATES OF ATTENDANCE    GRADE(S) ATTENDED

HAS STUDENT BEEN EXPELLED FROM A SC PUBLIC SCHOOL?     Yes     No

## Student Support Services Information

DOES THE STUDENT HAVE AN INDIVIDUAL EDUCATION PLAN (IEP)?     Yes     No

DOES THE STUDENT HAVE A 504 ACCOMMODATION PLAN?     Yes     No

DOES THE STUDENT RECEIVE ESOL/ELL SERVICES?     Yes     No

IF YES TO ANY QUESTION, PLEASE PROVIDE A COPY OF THE PLAN, IF AVAILABLE.



# HEALTH INFORMATION

PRINT STUDENT'S FIRST NAME MIDDLE INITIAL LAST NAME DATE OF BIRTH

STUDENT'S PRIMARY CARE PROVIDER PHONE

OTHER PROVIDER & TYPE PHONE

### ALLERGIES (LIST REACTIONS)

PLEASE LIST ANY TREATMENTS, PROCEDURES, MEDICATIONS, OR HEALTH MONITORING THAT YOUR STUDENT WILL NEED DURING THE SCHOOL DAY:

DOES YOUR STUDENT HAVE A MEDICALLY FRAGILE HEALTH CONDITION?  Yes  No

IF YES, PLEASE EXPLAIN

### Health History (CHECK ALL THAT APPLY)

- ADD/ADHD  Asthma  Vision Accommodations  Glasses  Contacts  Eczema/Psoriasis
- Freq. Ear Infections  Cardiac Problems (Heart)  Diabetes  Seizures  Headaches
- Freq. Nosebleeds  Hearing Accommodation  Hearing aids  Mental Health (depression/anxiety)
- Other: \_\_\_\_\_

Students may receive non-invasive health screenings, vision, hearing, scoliosis, HT/WT/BMI. If you DO NOT wish for your child to participate, initial the following:

\_\_\_\_\_ I do not wish to have my child participate in the screenings.

### Student Health Insurance (CHECK ALL THAT APPLY)

- Medicaid  CHIP (Children's Health Insurance Program)  Private  None

Student has a life-threatening allergy?  Yes  No

If Yes, what is the life-threatening allergy? \_\_\_\_\_

Student ever been referred for mental health services?  Yes  No  Unknown

### Emergency Contact and Consent for Treatment

Please list two contacts that will be called ONLY if you cannot be reached in an emergency.

FULL NAME RELATIONSHIP PHONE

FULL NAME RELATIONSHIP PHONE

Administration and/or school nurse may share health information with individuals who have responsibilities for my child. I authorize school officials to contact the person(s) name on this form and authorize the named physician to render to my child whatever emergency treatment deemed necessary. If the physician, other persons named above, or parent cannot be reached, the School Officials may take whatever action they deem necessary for the health of my child. I will not hold PDILA responsible for the emergency care and/or transportation of my child. I will keep the school informed of any changes on this form.

PARENT/GUARDIAN SIGNATURE DATE

# STUDENT TRANSPORTATION PLAN



PRINT STUDENT'S FIRST NAME

MIDDLE INITIAL

LAST NAME

DATE OF BIRTH

What additional persons are allowed to pick up your scholar?

MUST BE KEPT CURRENT – PLEASE CONTACT SCHOOL TO UPDATE

FIRST NAME, MIDDLE INITIAL, LAST NAME	RELATIONSHIP TO STUDENT	DAYTIME TELEPHONE

Before completing an application, there are five key facts you should know about PDILA.

**KEY FACT 1:** At PDILA, we realize the stakes are high given that children only have one shot at a K-12 education. With that in mind, we believe that children need more time on task to achieve off-the-chart results. PDILA will operate on an extended school day Monday - Thursday and a half day on Fridays for scholars who do not need remediation. If students perform with less than an 80% in reading or math that week, they must attend the entire day on Fridays.

The academic calendar for PDILA provides a total of 185 days of instruction during the school year with each school day starting at 7:00 am and ending at 3:30 pm. Our calendar builds in additional breaks beyond Thanksgiving, Christmas, and Spring Break to include a fall and winter break as well as monthly staff development days where scholars do not attend.

\_\_\_\_\_ I understand

**KEY FACT 2:** PDILA does not provide transportation. You do not have to be a Florence County resident to attend PDILA. However, families far and near must provide daily transportation to and from school for their scholars.

\_\_\_\_\_ I understand

**KEY FACT 3:** At PDILA, students are required to wear uniforms. Parents/guardians will be responsible for purchasing uniforms

\_\_\_\_\_ I understand

**KEY FACT 4:** PDILA expects every family to participate in volunteer activities. We're all in this together and your presence inside our school helps us build our partnership. Every family will be asked to invest voluntarily a minimum of 10 hours annually in activities taking place within our school community.

\_\_\_\_\_ I understand



## STUDENT MEDIA CONSENT AND RELEASE

Throughout the school year, students may be highlighted in efforts to promote PDILA's activities and achievements. For example, students may be featured in materials to train teachers and/or increase public awareness of our school through newspapers, radio, TV, the web, DVDs, displays, brochures, and other types of media.

- I DO, as the parent or guardian, hereby give PDILA and its employees, representatives, and authorized media organizations permission to print, photograph, and record my child for use in audio, video, film, or any other electronic, digital and printed media.

This is with the understanding that neither PDILA nor its representatives will reproduce said photograph, interview, or likeness for any commercial value or receive monetary gain for use of any reproduction/broadcast of said photograph or likeness. I am also fully aware that I will not receive monetary compensation for my child's participation.

- I DO NOT give PDILA permission to print, photograph or record my child for use in audio, video, film or any other electronic, digital or printed media.

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PRINT STUDENT'S FIRST NAME

MIDDLE INITIAL

LAST NAME

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PARENT/GUARDIAN FIRST NAME

LAST NAME

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PARENT/GUARDIAN

SIGNATURE

DATE

# ACCEPTABLE DOCUMENTS FOR PROOF OF RESIDENCY



Please provide **TWO** of the following documents\* displaying current address:

Gas Bill	Real Estate Tax Bill
Electric Bill	Signed Lease
Water/Sewer Bill	Mortgage Document
Cable Bill	Current Real Property Assessment
Pay Check Stub	Military Housing Letter
Drivers License/State ID	Section 8 Letter

\*IF YOU ARE UNABLE TO PROVIDE ANY OF THE ABOVE DOCUMENTS, PLEASE PROVIDE A NOTARIZED RESIDENCY AFFIDAVIT INSTEAD. THESE AFFIDAVIT FORMS ARE AVAILABLE UPON REQUEST.





## PARENT ACKNOWLEDGMENT

The information provided is accurate to the best of my knowledge. Further, I understand it is my responsibility to notify the school in a timely manner related to changes in any information submitted in the contents of this enrollment packet including, but not limited to changes in residency, contact information and guardianship.

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PRINT STUDENT'S FIRST NAME

MIDDLE INITIAL

LAST NAME

---

PARENT/GUARDIAN FIRST NAME

LAST NAME

---

PARENT/GUARDIAN

SIGNATURE

DATE



## CONSENT TO RELEASE RECORDS

The Family Educational Rights and Privacy Act (FERPA) establishes certain rights for parents regarding the privacy of their child's educational record. While family members and other individuals serving in a parent's stead as caretaker may have an interest in the child's record, access to or release of the educational record is only by written parental consent. Parents may choose to complete and submit this FERPA Release Form to allow access or release of their child's educational record.

A release form must be completed for each individual to whom a parent wishes to authorize access/release of his/her child's educational records.

I consent to release the following information to PDILA:

- Academic records
- Disciplinary records
- 504 Plan
- Individual Education Program
- All other information placed in my child's education record including, but not limited to, records pertaining to medical services, expulsions, suspensions, attendance, testing results, administrative notes, and special education.

### Acknowledgment and Signature

I acknowledge by my signature that I understand that, although I am not required to release my child's records, I am giving my consent to release the information. This release will remain in effect while my child is enrolled in PDILA unless I revoke such consent.

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PRINT STUDENT'S FIRST NAME

MIDDLE INITIAL

LAST NAME

---

CHILD'S PREVIOUS SCHOOL

CHILD'S DATE OF BIRTH

---

PARENT/GUARDIAN FIRST NAME

LAST NAME

---

PARENT/GUARDIAN SIGNATURE

DATE



## Home Language Survey (HLS)

The Civil Rights Act of 1964, Title VI, Language Minority Compliance Procedures, requires school districts and charter schools to determine the language(s) spoken in each student's home in order to identify their specific language needs. This information is essential in order for schools to provide meaningful instruction for all students as outlined in Plyer v. Doe, 457 U.S. 202 (1982).

The purpose of this survey is to determine the primary or home language of the student. This survey is given to all students enrolled in the school district/charter school. The HLS is administered once, upon initial enrollment in South Carolina, and should remain in the student's permanent record.

Please note that the answers to the survey below are student-specific. If a language other than English is recorded for ANY of the survey questions below, the appropriate identification screening assessment will be administered to determine whether or not the student qualifies for additional English language development support.

### **Please answer the following questions regarding the language spoken by the student:**

1. What is the language that the student first acquired? \_\_\_\_\_
2. What language(s) is spoken most often by the student? \_\_\_\_\_
3. What is the primary language used in the home, regardless of the language spoken by the student? \_\_\_\_\_
- \*4. In what language do you wish to have communication from the school? \_\_\_\_\_

Student Name \_\_\_\_\_ Grade: \_\_\_\_\_

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

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Your signature above certifies that responses to the questions above are specific to your student. You understand that if a language other than English has been identified, your student will be tested to determine if they qualify for English language development services, to help them become fluent in English. If entered into the English language development program, your student will be entitled to services as an English learner and will be tested annually to determine their English language proficiency.

### For School Use Only:

School personnel who administered and explained the HLS and the placement of a student into an English language development program if a language other than English was indicated.

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



## Encuesta del idioma que se habla en el hogar (HLS)

El Título 6 de la Ley de Derechos Civiles de 1964, Procedimientos para el cumplimiento con los idiomas de las minorías, requiere que los distritos escolares y las escuelas chárter determinen el(los) idioma(s) que se hablan en los hogares de cada estudiante para identificar sus necesidades específicas de lenguaje. Esta información es esencial para que las escuelas brinden una instrucción significativa a todos los estudiantes, como se indica en Plyler v. Doe, 457 U.S. 202 (1982).

El propósito de esta encuesta es determinar el idioma materno o del hogar del estudiante. Se debe dar la encuesta HLS a todos los estudiantes inscritos en el distrito escolar/escuela chárter. La encuesta HLS se administra una vez, al momento de la inscripción inicial en Carolina del Sur, y permanece en el registro permanente del estudiante.

Tome en cuenta que las respuestas a la encuesta que se encuentra a continuación son específicas para cada estudiante. Si se registra algún otro idioma aparte del inglés para CUALQUIERA de las preguntas de la encuesta a continuación, se administrará la prueba W-APT para determinar si el estudiante califica para apoyo adicional en el desarrollo del idioma inglés.

### Por favor, conteste las siguientes preguntas acerca del idioma que habla el estudiante:

1. ¿Cuál es el idioma materno del **estudiante**? \_\_\_\_\_
2. ¿Qué idioma o idiomas habla el **estudiante** más seguido? \_\_\_\_\_
3. ¿Qué idioma o idiomas habla el **estudiante** en su casa? \_\_\_\_\_
4. ¿En qué idioma desea usted recibir comunicación de la escuela? \_\_\_\_\_

**Nombre del estudiante:** \_\_\_\_\_

**Grado:** \_\_\_\_\_

**Nombre del Padre/Madre o Tutor** \_\_\_\_\_

**Firma del Padre/Madre o Tutor** \_\_\_\_\_

**Fecha:** \_\_\_\_\_

Al firmar aquí, usted hace constar que las respuestas a las tres preguntas de arriba son específicas para su estudiante. Usted comprende que si se ha identificado un idioma aparte del inglés, se le darán pruebas a su estudiante para determinar si califica para servicios de desarrollo del idioma inglés, para ayudarle a obtener fluidez en inglés. Si ingresara en el programa de desarrollo del idioma inglés, su estudiante tendrá derecho a recibir servicios como aprendizaje de inglés y se le tomará una prueba anualmente para determinar su dominio del idioma inglés.

### Sólo para uso escolar:

School personnel who administered and explained the HLS and the placement of a student into an English language development program if a language other than English was indicated:

Nombre: \_\_\_\_\_

Fecha: \_\_\_\_\_