



Bridgewater Academy

191 River Landing Blvd., Myrtle Beach SC 29579

spinto@bridgewateracademy.org Phone: (843) 236-3689 Fax: (843) 236-4921

Bridgewater Academy Charter School strives for excellence in providing an academically sound environment. We want all of our students and parents, who share our mission of academic excellence to commit to helping us grow better in every way. All students may continue to attend Bridgewater Academy Charter School as long as truancy, discipline, character, and academic efforts are maintained at a high level.

Please read and initial each statement to indicate your agreement to meet these standards:

1. \_\_\_\_\_ I will assist and enable my child to meet all attendance guidelines as set forth by Bridgewater Academy Charter School. This includes arriving on time, remaining for the entire academic day, and being picked up promptly after school.
2. \_\_\_\_\_ I will assist and enable my child to put forth an outstanding academic effort and complete all homework and assignments, ask the teacher for help when needed, and make every effort to follow directions as determined by the teacher.
3. \_\_\_\_\_ I will meet with the teachers, curriculum coordinator, and/or school administration as necessary to discuss my child's progress.
4. \_\_\_\_\_ I will assist and enable my child to maintain good discipline and follow all rules and procedures as determined appropriate by the teachers and school.
5. \_\_\_\_\_ I will pay all student fees in a timely manner and remain debt-free to the school and any program associated with the school.
6. \_\_\_\_\_ I will keep the school informed of changes in address and phone numbers.
7. \_\_\_\_\_ I understand that the final decision to allow students to remain at Bridgewater Academy Charter School rests with the school administrator(s) and the Board of Directors of Bridgewater Academy.
8. \_\_\_\_\_ I will attend at least two (2) Board of Directors' meetings, two (2) PTO meetings, become an active member of my child's classroom team, and volunteer a total of at least ten (10) hours to help with school functions.

Failure to meet any of these requirements will require a review by the Board of Directors to determine your child/children's future enrollment at Bridgewater Academy.

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Student's Name (Print)	Parent's Signature	Date
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Bridgewater Academy

Student Enrollment Application

Date \_\_\_\_\_

Student Information:

Entering Grade \_\_\_\_\_

-----  
Last Name First Name Middle Preferred Name

-----  
Address City State Zip Code

-----  
Home Telephone Date of Birth Gender Social Security Number

PLEASE CHECK THE APPROPRIATE INFORMATION:

Race: \_\_\_ White \_\_\_ African American \_\_\_ Am. Indian \_\_\_ Asian Pacific \_\_\_ Hispanic

Special Programs: \_\_\_ Special Education (IEP) \_\_\_ Speech \_\_\_ Gifted & Talented \_\_\_ 504 Plan

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

Parent/Guardian Information:

-----  
Father/Guardian Last Name Father/Guardian First Name Social Security Number

-----  
Address (if different from applicant) City State Zip Code Work Phone Cell Phone

-----  
Mother/Guardian Last Name Mother/Guardian First Name Social Security Number

-----  
Address (if different from applicant) City State Zip Code Work Phone Cell Phone

-----  
Father/Guardian Email Mother/Guardian Email

SIBLINGS ALSO APPLYING TO BRIDGEWATER ACADEMY (An application must be filled out for each student)

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Siblings Last Name First Name Middle Entering Grade Gender

-----  
Siblings Last Name First Name Middle Entering Grade Gender

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Siblings Last Name First Name Middle Entering Grade Gender

Note: A copy of your child's last report card must be submitted with this application to verify student placement and attendance record.

IF INTEREST IN BRIDGEWATER ACADEMY EXCEEDS THE CAPACITY AVAILABLE, THERE WILL BE A LOTTERY FOR THE SPACES AS MANDATED BY SC CHARTER SCHOOL LAW.



Bridgewater Academy

Student Records Request

Date \_\_\_\_\_

Students Name \_\_\_\_\_

Date of Birth \_\_\_\_\_ Gender \_\_\_\_\_ Race \_\_\_\_\_

Grade \_\_\_\_\_ Previous Teacher \_\_\_\_\_

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

Address \_\_\_\_\_

Dear Principal,

The above student previously attended your school and is now enrolled at our school. Please forward his/her school records including birth certificate, social security number, immunization records, I.E.P., psychological test results, special education placement papers, Gifted & Talented identification, past standardized test scores (MAP, PASS, COGAT, STAR, DRA'S) and any other pertinent information. Thank you for your cooperation.

Sincerely,  
Dr. Sherry Pinto, Principal

I hereby authorize all information from the above student's official records to be released to Bridgewater Academy Charter School.

\_\_\_\_\_  
Date

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



## Enrollment Survey: Section I

**Section I: This portion of the Enrollment Survey (ES) must be completed for *all* students upon first-time enrollment in South Carolina public schools and at registration each year.**

Information collected within the ES is strictly for educational and program purposes. A local educational agency (LEA) must comply with Family Educational Rights and Privacy Act (FERPA) guidelines. Under federal law, all children, regardless of their citizenship or residency status, are entitled to equal access to free public education.

Student Name: \_\_\_\_\_  
Date of Birth: \_\_\_\_\_  
Today's Date: \_\_\_\_\_

### Right to Translation and Interpretation Services

All families have the right to information about their student's education in a language they understand. An interpreter and translated documents **must** be provided by the district, free of charge when needed.

In what language(s) would your family prefer to communicate with the school?

Oral Communication Language(s): \_\_\_\_\_

Written Communication Language(s): \_\_\_\_\_

### Title I, Part C: Education of Migratory Children & Youth

The Education of Migratory Children/Youth (MEP) is authorized by Title I, Part C of the Elementary and Secondary Education Act (ESEA), as amended by Every Student Succeeds Act (ESSA) of 2015. The MEP provides various educational services to families who work in agriculture and their children between the ages (0-21). This program is **free** to all eligible families and may include tutoring, free lunch eligibility, summer programs, parental involvement activities, and referrals to other services as needed.

In the last three (3) years, has anyone in your family moved from another school district, state, city, or country? Yes  No

In the past six (6) years, has anyone in your family worked in any of the following occupations? This includes work related to logging, timber planting/growing, harvesting, food processing plant (such as poultry, pork, beef, or vegetable), packing houses (fruits and vegetables), dairy farms, or other general farm work not listed. Yes  No



### McKinney-Vento

This survey complies with the McKinney-Vento Act, U.S.C. 42 11431 *et seq.* Your answers will help determine if the student meets eligibility requirements for **free** services and educational rights provided under the McKinney-Vento Act, including immediate school enrollment, even if lacking required documents. Based on the residency option selected, this survey will be submitted to the district McKinney-Vento Liaison to determine eligibility.

What best describes where you live now?

- |   |  |
|---|--|
| <input type="checkbox"/> Single-family house/apartment/trailer                          | <input type="checkbox"/> In a residence with inadequate facilities (no water, no heat, no electricity, no plumbing, overcrowded, infested, etc.) |
| <input type="checkbox"/> Transitional Housing   | <input type="checkbox"/> Agricultural camp   |
| <input type="checkbox"/> Living with others due to loss of housing or economic hardship | <input type="checkbox"/> Shelter   |
| <input type="checkbox"/> Moving from place to place/couch surfing                       | <input type="checkbox"/> Displaced by a natural disaster (hurricane, flood, etc.)  |
| <input type="checkbox"/> Car, park, or similar location                                 | Disaster: _____  |
| <input type="checkbox"/> Motel  | <input type="checkbox"/> Displaced due to COVID-19   |
| <input type="checkbox"/> Camping grounds  | <input type="checkbox"/> Other: _____  |



## Enrollment Survey: Section II

**Section II: This portion of the Enrollment Survey must be completed for all students upon first-time enrollment in South Carolina public schools and is not completed annually at registration.**

**Title III, Part A: Multilingual Learner Program (MLP) and Immigrant Children and Youth**

The MLP program complies with Title III, Part A of the ESEA, as amended by ESSA. The MLP program provides various educational services to multilingual learners (MLs) and immigrant children and youth who may speak languages other than English. This program is free to all eligible students and provides support for language acquisition.

**Home Language Survey (HLS)**

School districts and charter schools are required to determine the language(s) spoken in each student's home to identify their specific language needs. The purpose of the HLS is to determine the primary or home language of the student and is given to all students one time at initial enrollment in a South Carolina public school district or charter school and should remain in the student's permanent record.

Information about the student's language helps to identify students who qualify for free support to develop the English language skills necessary for success. English language proficiency (ELP) testing may be necessary to determine if the student is eligible for language supports if a language other than English is recorded for any of the three HLS questions below. If the student qualifies, they will be entitled to services as an ML and will be assessed annually to determine their English language proficiency.

Families must fully understand the purpose and intent of the HLS and MLP program. **If you have any questions, you may contact your district's Title III/MLP Coordinator before completing the HLS.**

1. What is the language(s) that the student first acquired? \_\_\_\_\_
2. What language(s) is spoken most often by the student? \_\_\_\_\_
3. What is the primary language(s) used in the home, regardless of the language(s) spoken by the student? \_\_\_\_\_

**Prior Education**

In accordance with *Plyler v. Doe*, this form does not inquire about the immigration status of the student or family. The purpose of this form is to collect information about your student's prior education and pre-existing knowledge and skills.

Has the student received English language development support in a previous school? Yes  No  Don't Know

In what country was the student born? \_\_\_\_\_

If born outside of the United States, District of Columbia, or the Commonwealth of Puerto Rico, when did the student first attend a school in the United States?

Month \_\_\_\_\_ Day \_\_\_\_\_ Year \_\_\_\_\_

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

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

*Your signature certifies you have read the Title III, Part A information above and completed it to the best of your knowledge.*



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Medicaid Release of Information

Consent for Treatment, Release of Information, and Medicaid Reimbursement

-----  
Student's Full Name Date of Birth School

-----  
Parent's Name Student's Social Security Number Student's Medicaid Number

Bridgewater Academy and the South Carolina Department of Education have my permission to provide health-related services to my child and to release and exchange medical and other confidential information, as necessary, to the Department of Health and Human Services and any third-party insurance carrier regarding health-related services provided to my child prior to the date of this consent or thereafter for services that the school district/agency will provide in the future.

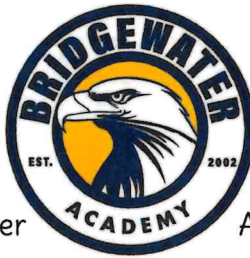
By signing this form, I give Bridgewater Academy and the South Carolina Department of Education my permission to bill Medicaid and any third party insurance and receive payment from Medicaid or any third party insurer for health-related services as set forth in my child's individualized education program (IEP), and for psychological evaluation services, nursing services, school based mental health services, and other health-related treatment services billable to Medicaid without the requirement of an IEP.

I understand that Medicaid reimbursement for health-related services provided by Bridgewater Academy and the South Carolina Department of Education will not affect any other Medicaid services for which my child is eligible. I understand that my child will receive the services listed in the IEP regardless of whether I enroll my child in the public or private benefits or insurance programs. I also understand that my refusal to allow access to the Department of Health and Human Services or any third party insurance carrier does not relieve the District of its responsibility to ensure that all required services are provided at no cost to me.

I understand that the granting of consent is voluntary on my part and may be revoked at anytime. If I later revoke consent, that revocation is not retroactive (i.e., it does not negate an action that has occurred after the consent was given and before the consent was revoked).

I also understand that Bridgewater Academy and the South Carolina Department of Education will operate under the guidelines of the Family Educational Rights and Privacy Act (FERPA) to ensure confidentiality regarding my child's treatment and provision of health-related services.

-----  
Signature Date  
\_\_\_\_ Parent      \_\_\_\_ Guardian      \_\_\_\_ Surrogate Parent      \_\_\_\_ Student if over 18



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Photo Release Form

Dear Parent/Guardian,

Throughout the coming school year, your child is going to participate in many wonderful school events and might be included in pictures taken during those events. With your permission, we'd like to make those pictures, and/or images captured through video, photo, and digital camera available for use in Bridgewater Academy media such as the school website, videos, or newsletters. Before we can do that, we need your permission. Please fill out the form below and return it to the office.

Warm Regards,  
Dr. Sherry Pinto  
Principal

Release Form

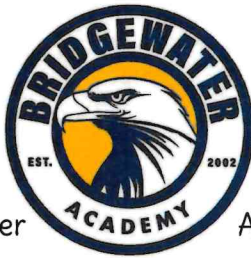
\_\_\_\_\_ I/We DO give permission for \_\_\_\_\_'s  
image/photograph, video recording, or school work or be used as described above. We are willing  
to release this into the public domain and understand that no monetary compensation will be given  
for the use of the materials.

\_\_\_\_\_ I/We DO NOT give permission for \_\_\_\_\_'s  
image/photograph, video recording, or school work to be used as described above.

Student Printed Name \_\_\_\_\_

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

Date \_\_\_\_\_



Bridgewater Academy

School Reach Program

Parent/Student Information Sheet

Students Name \_\_\_\_\_

Grade \_\_\_\_\_

Parent/Guardian 1 Name \_\_\_\_\_

Parent/Guardian 1 Main Phone (Daytime) Number \_\_\_\_\_

Parent/Guardian 1 Evening Phone Number \_\_\_\_\_

Parent/Guardian 1 Alternative Phone Number \_\_\_\_\_

Parent/Guardian 1 Email \_\_\_\_\_

Parent/Guardian 2 Name \_\_\_\_\_

Parent/Guardian 2 Main Phone (Daytime) Number \_\_\_\_\_

Parent/Guardian 2 Evening Phone Number \_\_\_\_\_

Parent/Guardian 2 Alternative Phone Number \_\_\_\_\_

Parent/Guardian 2 Email \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_

Please note the main number should be a phone number where you can be reached during school hours. There may be occasions when we need to reach you in the evening hours (inclement weather, school closings) so please list an evening phone number as well.

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"Soaring To New Heights In Excellence"

# HEALTH HISTORY FORM

Student Name \_\_\_\_\_ DOB \_\_\_\_\_ Sex \_\_\_\_\_ Gr \_\_\_\_\_  
 Address \_\_\_\_\_ Phone \_\_\_\_\_

*Your student's health history is important to provide the best care at school. It is the responsibility of the parent/guardian to notify the school of new or existing health concerns.*

Parent/Guardian #1: \_\_\_\_\_ Cell \_\_\_\_\_ Email \_\_\_\_\_ Text \_\_\_\_\_

Parent/Guardian #2: \_\_\_\_\_ Cell \_\_\_\_\_ Email \_\_\_\_\_ Text \_\_\_\_\_

Emergency contacts: Name \_\_\_\_\_ Relationship \_\_\_\_\_ Tel# \_\_\_\_\_

Name \_\_\_\_\_ Relationship \_\_\_\_\_ Tel# \_\_\_\_\_

## MEDICAL HISTORY

**My student has the following (NEW or EXISTING) medical condition(s). (Check all that apply)**

**HEAD**

- Concussion (loss of consciousness)
- Concussion (no loss of consciousness)
- Migraines (diagnosed)
- Frequent headaches
- Seizures
- Other \_\_\_\_\_

**EYES**

- Vision concerns
- Glasses/Contacts
- Vision Loss/both eyes
- Vision Loss/one eye
- Other \_\_\_\_\_

**EAR/NOSE/THROAT/  
MOUTH**

- Frequent earaches/infections
- Tubes in place
- Hearing loss/condition
- Hearing aid
- Speech problems
- Swallowing problem
- Dental pain or concerns
- Other \_\_\_\_\_

**HEART/LUNGS**

- Asthma
- Heart condition
- Other \_\_\_\_\_

**ABDOMEN/INTESTINAL/  
URINARY**

- Frequent stomachaches
- Urinary or bowel concerns
- Other \_\_\_\_\_

**BONE/MUSCLE/JOINT**

- Muscular concerns
- Knee, back, bone or joint concerns
- Scoliosis
- Other \_\_\_\_\_

**SKIN**

- Skin concerns
- Other \_\_\_\_\_

**ALLERGIES**

- Anaphylactic shock
- Anaphylactic/foods
- Anaphylactic/nuts
- Anaphylactic/peanuts
- Anaphylactic/stings
- Allergy, Airborne
- Allergy, Animals
- Allergy, Medication
- Allergy, Food
- Allergy, Latex
- Lactose Intolerance

List specific allergy(ies): \_\_\_\_\_

**ENDOCRINE/BLOOD**

- Diabetes/Type I
- Diabetes/Type II
- Blood disorder
- Other \_\_\_\_\_

**EMOTIONAL/BEHAVIORAL  
/PSYCHOLOGICAL**

- Mental/emotional concerns
- Other \_\_\_\_\_

**OTHER**

- \_\_\_\_\_
- \_\_\_\_\_

**My child will require the following medication types given during the school day (check all that apply):**

- Long-Term Prescribed Medication**  
The Long-Term form must be completed by the parent/guardian AND healthcare provider: MD/DO/ANP/PA & medication delivered in a properly labeled pharmacy container.
- Short-Term Prescribed Medication**  
The Short-Term form must be completed by parent/guardian & medication delivered in a properly labeled pharmacy container.
- OTC/Over the Counter Medication**  
To have an Over-The-Counter medication at school, a parent must complete a separate form and provide medication in the original container.

**My child will require the following emergency medication(s) at school, check all that apply (parent/guardian must provide):**

- Epinephrine (EpiPen or Auvi-Q)
- Antihistamine (Benadryl)
- Rescue Inhaler
- Glucagon
- Diazepam rectal gel

**My child will require the following plan or other treatment at school (check all that apply):**

- Student Allergy/Anaphylaxis Action Plan
- Asthma Action Plan     Seizure Action Plan
- Individualized Healthcare Plan -Diabetes with injection
- Individualized Healthcare Plan -Diabetes with pump

## MEDICAL PROVIDER

Primary Care Provider \_\_\_\_\_ Tel # \_\_\_\_\_

Dental Provider \_\_\_\_\_ Tel # \_\_\_\_\_

Vision Provider \_\_\_\_\_ Tel # \_\_\_\_\_

**\*Release of Health Information within the school is necessary to serve the students health and education interests.**

**UNIFORM ORDER FORM**  
**BRIDGEWATER ACADEMY 2024-2025**

**TO ORDER ONLINE: [www.companycasuals.com/BridgewaterAcademy](http://www.companycasuals.com/BridgewaterAcademy)**

(You will pay with credit card/debit to complete order. You do not have to have a Paypal account)

STUDENT \_\_\_\_\_ PARENT'S NAME \_\_\_\_\_

TEACHER/GRADE \_\_\_\_\_ PARENT'S PHONE NUMBER \_\_\_\_\_

QTY	SIZE	DESCRIPTION	COST EACH	TOTAL COST
		Bridgewater Academy Back Pack	\$ 17.50	
		Bridgewater Academy Back Pack with Name Embroidered	\$ 22.50	
		Youth Navy Polo S-XL	\$ 14.00	
		Adult Navy Polo S-XL	\$ 15.00	
		Youth Gray GYM Shirt S-XL	\$ 9.50	
		Adult Gray GYM Shirt S-4XL	\$ 11.00	
		Youth Navy Sweatshirts S-XL	\$ 17.75	
		Adult Navy Sweatshirts S-4XL	\$ 21.50	
		Youth Navy Pullover Hoodie S-XL	\$ 22.00	
		Adult Navy Pullover Hoodie S-XL	\$ 28.00	
		Youth Navy Long Sleeve Polo Shirt S-XL	\$ 23.00	
		Adult Navy Long Sleeve Polo S-4XL	\$ 26.00	
		Youth Navy Fleece Jacket S-XL	\$ 26.00	
		Adult Navy Fleece Jacket S-4XL	\$ 27.00	
			<b>SUBTOTAL</b>	
			<b>TAX 8%</b>	
			<b>TOTAL DUE</b>	

**PAYMENT DUE AT TIME OF ORDERING**

**PLEASE MAKE CHECKS PAYABLE TO:**

**BOLO Promos & Apparel**

**OUTER WEAR (SWEATSHIRTS/HOODIES/LONG SLEEVE POLOS/JACKETS MAY BE ORDERED AT OPEN HOUSE**