



BRIDGEWATER ACADEMY
191 River Landing Blvd.
Myrtle Beach, SC 29579
Phone 843-236-3689 Fax 843-236-4921

COMMITMENT TO EXCELLENCE

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 make a commitment to help us grower 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 principals 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 of address and phone numbers.
7. _____ I understand that the final decisions to allow students to remain at Bridgewater Academy Charter School rest with 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 meeting, 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.

Student's Name (*print*)

Parent's Signature Date

Date



Bridgewater Academy

Student Enrollment Application

Date: _____

Student Information:

Last Name	First Name	Middle	Preferred Name	Grade Entering
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Address	City	State	Zip Code
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Home Telephone	Date of Birth	Gender	Social Security Number
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PLEASE CHECK THE APPROPRIATE INFORMATION:

Race: White: African American: Am. Indian: Asian Pacific: Hispanic:
 Special Programs: Special Education (IEP) Speech Gifted and Talented
 504 Plan:

Last School Attended: _____

Email: _____

Father/Guardian Last Name	First Name	Social Security Number
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Address (if different from applicant)	City	State	Zip Code	Work Phone	Cell Phone
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Mother/Guardian Last Name	First Name	Social Security Number
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Address (if different from application)	City	State	Zip Code	Work Phone	Cell Phone
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SIBLINGS ALSO APPLYING TO BRIDGEWATER ACADEMY (An application must be filled out for each student)

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

Only Original Applications Accepted

Send Completed Applications to:
C/O Admissions
191 River Landing Blvd.
Myrtle Beach, SC 29579

Office Use Only:
Date Received _____
By: _____



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 and talented identification, Past standardized test scores MAP,PASS,COGAT,STAR,DRA'S and any other pertinent information. Thank you for your cooperation.

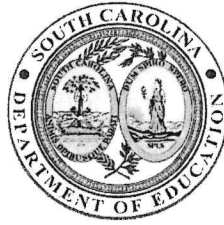
Sincerely

Dr. Sherry Pinto, Principal

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

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.



Bridgewater Academy
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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 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



BRIDGEWATER ACADEMY

191 River Landing Blvd.
Myrtle Beach, SC 29579
Phone: (843) 236-3689 Facsimile: (843) 236-4921

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 to 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(s)' Printed Name _____

Guardian Signature _____

Date _____

*Bridgewater Academy's
School Reach Program Parent/Student Information Sheet*

Student name _____ *Grade* _____

Parent's Name _____

Address _____

Main phone (daytime) _____

Evening phone _____

Alternative phone # _____

Email (if available) _____

Please note the main number should be a phone number where you can be reached during school hours.

There maybe occasions when we need to reach you in the evening hours (inclement weather, school closings) so please list an evening phone number as well.

BRIDGEWATER  ACADEMY
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)

- | | | | | |
|---|--|--|--|---|
| <p>HEAD</p> <p><input type="checkbox"/> Concussion (loss of consciousness)</p> <p><input type="checkbox"/> Concussion (no loss of consciousness)</p> <p><input type="checkbox"/> Migraines (diagnosed)</p> <p><input type="checkbox"/> Frequent headaches</p> <p><input type="checkbox"/> Seizures</p> <p><input type="checkbox"/> Other _____</p> | <p>EAR/NOSE/THROAT/ MOUTH</p> <p><input type="checkbox"/> Frequent earaches/infections</p> <p><input type="checkbox"/> Tubes in place</p> <p><input type="checkbox"/> Hearing loss/condition</p> <p><input type="checkbox"/> Hearing aid</p> <p><input type="checkbox"/> Speech problems</p> <p><input type="checkbox"/> Swallowing problem</p> <p><input type="checkbox"/> Dental pain or concerns</p> <p><input type="checkbox"/> Other _____</p> | <p>ABDOMEN/INTESTINAL/ URINARY</p> <p><input type="checkbox"/> Frequent stomachaches</p> <p><input type="checkbox"/> Urinary or bowel concerns</p> <p><input type="checkbox"/> Other _____</p> | <p>SKIN</p> <p><input type="checkbox"/> Skin concerns</p> <p><input type="checkbox"/> Other _____</p> <p>ALLERGIES</p> <p><input type="checkbox"/> Anaphylactic shock</p> <p><input type="checkbox"/> Anaphylactic/foods</p> <p><input type="checkbox"/> Anaphylactic/nuts</p> <p><input type="checkbox"/> Anaphylactic/peanuts</p> <p><input type="checkbox"/> Anaphylactic/stings</p> <p><input type="checkbox"/> Allergy, Airborne</p> <p><input type="checkbox"/> Allergy, Animals</p> <p><input type="checkbox"/> Allergy, Medication</p> <p><input type="checkbox"/> Allergy, Food</p> <p><input type="checkbox"/> Allergy, Latex</p> <p><input type="checkbox"/> Lactose Intolerance</p> <p>List specific allergy(ies): _____</p> | <p>ENDOCRINE/BLOOD</p> <p><input type="checkbox"/> Diabetes/Type I</p> <p><input type="checkbox"/> Diabetes/Type II</p> <p><input type="checkbox"/> Blood disorder</p> <p><input type="checkbox"/> Other _____</p> |
| <p>EYES</p> <p><input type="checkbox"/> Vision concerns</p> <p><input type="checkbox"/> Glasses/Contacts</p> <p><input type="checkbox"/> Vision Loss/both eyes</p> <p><input type="checkbox"/> Vision Loss/one eye</p> <p><input type="checkbox"/> Other _____</p> | <p>HEART/LUNGS</p> <p><input type="checkbox"/> Asthma</p> <p><input type="checkbox"/> Heart condition</p> <p><input type="checkbox"/> Other _____</p> | <p>BONE/MUSCLE/JOINT</p> <p><input type="checkbox"/> Muscular concerns</p> <p><input type="checkbox"/> Knee, back, bone or joint concerns</p> <p><input type="checkbox"/> Scoliosis</p> <p><input type="checkbox"/> Other _____</p> | <p>EMOTIONAL/BEHAVIORAL /PSYCHOLOGICAL</p> <p><input type="checkbox"/> Mental/emotional concerns</p> <p><input type="checkbox"/> Other _____</p> | <p>OTHER</p> <p><input type="checkbox"/> _____</p> <p><input type="checkbox"/> _____</p> |

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

(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	
			SUBTOTAL	
			TAX 8%	
			TOTAL DUE	

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