Charleston Development Academy Public Charter School

233 Line Street (Main Campus) ◇ 165 St. Philip Street (Middle School) ◇ Charleston, South Carolina 29403
Main Campus Office: 843.722.2689 Fax: 843.722.2694 ◇ South Campus Office: 843.724.1030 Fax: 843.203.4735

Credentials required with application: Birth Certificate, Updated Immunization, Recent Report Card

A. STUDENT INFORMATION

2026-2027 Academic Year

Grade Level Applying For ____ Student ID# _____

Student's Legal Last Name and Suffix	Student's Legal First Name	Student's Legal Middle Name	Student's Preferred Name

Today's Date	Gender	Date of Birth	Is the student Hispanic or Latino?	Race: (check all that apply)
	□ M □ F		□ Yes □ No	□ American Indian or Alaskan Native □ Asian □ Black or African American □ Native Hawaiian or Other Pacific Islander □ White

Home Address	Apt #	City	State	Zip Code

Area/Neighborhood	Home Phone ( )	Daytime phone for absence calls ( )	Evening phone for absence calls ( )

Mailing Address, if different	Apt #	City	State	Zip Code

Primary Email Address	Secondary Email Address

Is the current residence temporary?	Is the student an unaccompanied youth?	Is the student an emancipated minor? *(If yes, legal documentation must be provided)*
□ Yes □ No	□ Yes □ No	□ Yes □ No

Is the current residence a Group Home or Residential Treatment Facility? □ Yes □ No *(If yes, enter the location below.)*
Facility Name: _____

Is the current residence a foster home?
□Yes □ No

Does the student live outside of Charleston County but own real property in Charleston County with an assessed value of $300 or more in Charleston County?

□ Yes □ No *(If yes, provide the address of the property)* Property Address: _____

B. FAMILY INFORMATION

Are there any custody issues we should be made aware of? □ Yes □ No *(If yes, legal documentation must be provided to the school.)*

With whom does the student live? □ Both Parents □ Mother Only □ Father Only □ Mother & Step Parent □ Father & Step Parent □ Legal Guardian
□ Foster Mother □ Foster Father □ Caseworker □ Other

Parent/Guardian Legal Name (First, Middle, Last & Suffix)	Relationship to Student

Home Phone ( )	Cell Phone ( )	Day Phone ( )	Lives with student
			□ Yes □ No

Home Address, if different from student's	Apt #	City	State	Zip Code

Parent/Guardian Employer	Work Address (Street, City, State, Zip Code)

Is this parent/guardian on ACTIVE DUTY in the Unformed Services of the United States?	Branch of Service	Rank/Grade
□ Yes □ No (*If yes, provide the following.*)		

Is this parent/guardian BOTH an accredited Foreign Government official and a Foreign Military Officer stationed in the U.S.? □ Yes □ No (*If yes, provide the following.)*	Branch of Service	Rank/Grade	Name of Foreign Government

Is this Parent/Guardian employed by CCSD? □ Yes □ No *(If yes, provide the following.)* CCSD Employee No._____Work Location _____	Does this Parent/Guardian have custody of this student? □ Yes □ No Does this Parent/Guardian receive mailings? □ Yes □ No
Emergency Contact	
Name Home Phone ( )	Cell Phone ( )
Emergency Contact	
Name Home Phone ( )	Cell Phone ( )

CHARLESTON DEVELOPMENT ACADEMY STUDENT REGISTRATION FORM

Parent/Guardian Legal Name (First, Middle, Last & Suffix)			Relationship to Student	
Home Phone ( )	Cell Phone ( )	Day Phone ( )	Lives with student □ Yes □ No	
Home Address, if different from student's	Apt #	City	State	Zip Code
Parent/Guardian Employer		Work Address (Street, City, State, Zip Code)		
Is this parent/guardian on ACTIVE DUTY in the Unformed Services of the United States? □ Yes □ No (*If yes, provide the following.)*		Branch of Service	Rank/Grade	
Is this parent/guardian BOTH an accredited Foreign Government official and a Foreign Military Officer stationed in the U.S.? □ Yes □ No (*If yes, provide the following.)*		Branch of Service	Rank/Grade	Name of Foreign Government

Is this Parent/Guardian employed by CCSD? □ Yes □ No *(If yes, provide the following.)* CCSD Employee No._____Work Location_____	Does this Parent/Guardian have custody of this student? □ Yes □ No Does this Parent/Guardian receive mailings? □ Yes □ No

C. SIBLINGS

Sibling Name (First, Last)	Date of Birth	Age	Grade	School
Sibling Name (First, Last)	Date of Birth	Age	Grade	School
Sibling Name (First, Last)	Date of Birth	Age	Grade	School

D. SCHOLASTIC INFORMATION

Previous School: □ CCSD School □ Home Schooled □ Private School □ Private Preschool Program □ Other Public School □

Other □ Unknown Previous School Name: _____

Has the student repeated a grade? □Yes □No *If yes, Grade(s) repeated*

_____

Has the student ever been expelled? □ Yes □ No *If yes, Grade(s) expelled*

_____

Did the student attend Kindergarten? □ Yes □ No

Does the student have any of the following designations: *(Check all that apply.)*

□ 504 Plan □ Gifted/Talented □ ESOL □ Migrant □ Student Transfer

Does the student have an Individualized Education Program (IEP)? □ Yes □ No

(If yes, specify the instructional setting.) □ General Education □ Separate Class

□ Separate School □ Other: _____

Is transportation listed as a related service in the student's IEP? □ Yes □ No

If the student has an IEP, please specify the area of disability: *(Check all that apply.)*

□ Autism
□ Deaf-Blindness
□ Deafness
□ Developmental Delay
□ Emotional Disturbance
□ Hearing Impairment
□ Intellectual Disability
□ Multiple Disabilities
□ Orthopedic Impairment
□ Other Health Impairment
□ Specific Learning Disability
□ Speech or Language Impairment
□ Traumatic Brain Injury
□ Visual Impairment
□ Other (please specify) _____

E. TRANSPORTATION

How will the student get to school in the morning? □ AM Bus Only □ AM & PM Bus □ POV (Car Rider) □ Daycare Provides □ PM Bus Only □ Walker □ Bicycle How will the student get to school in the afternoon? □ AM Bus Only □ AM & PM Bus □ POV (Car Rider) □ Daycare Provides □ PM Bus Only □ Walker □ Bicycle

F. PARENT/GUARDIAN SIGNATURE

BY SIGNING THIS FORM, I AM CERTIFYING THAT ALL WRITTEN INFORMATION ON THIS FORM IS ACCURATE AND COMPLETE.

Signature of Parent/Guardian	Date

FOR ADMIN USE ONLY

Birth Certificate □ Yes □ No SC Immunization Record □ Yes □ No Legal Guardianship/Custody Papers □ Yes □ No Out of Zone □ Yes □ No Nonresident □ Yes □ No Chas Co property ownership □ Yes □ No Moving into Chas County □ Yes □ No Tuition Required □ Yes □ No

P/G: Picture ID □ Yes □ No Residency Affidavit □ Yes □ No Residency Verification □ Yes □ No Mail Verification □ Yes □ No

Other Head/Household: Notarized Statement □ Yes □ No Residency Verification □ Yes □ No Mail Verification □ Yes □ No

Records Requested _____ Records Received _____ Cumulative File Reviewed _____ Teacher Assigned _____

Enrollment Date _____ Bus Number _____

REVIEWED WITH P/G: Home Language Survey □ Yes □ No Scholastic Information□ Yes □ No

NOTIFIED: □SPED Teacher □504 Coordinator □ G/T Teacher □ ESOL □ Fed Programs