



Collaboration, Innovation, Rehabilitation for Education

APPLICATION FOR ADMISSION - SCHOOL YEAR 2010-2011
INSTRUCTION SHEET

Submitting an application does not guarantee enrollment in *Pattison's Academy for Comprehensive Education (PACE)*. Please refer to the Information Sheet for conditions of enrollment.

The Application for Admission into PACE contains the parts listed below. **The application must be completed correctly and fully or it may be rejected or otherwise impact the admission of your child(ren).** If you are missing any part of the application, contact our office to let us know ASAP.

1. The Information Sheet and Understanding of Commitment are short (1 to 2 page) documents, which outline many of the issues concerning admission into PACE. Please read this carefully.

2. The Student Application is a short (2 to 3 page) document that requests information about your child.

3. The Parents' Statement of Agreement sets forth the obligations of parents of students attending PACE.

4. In addition to the above, a copy of an original birth certificate must accompany all applications for your child. Copies of each of the following additional documentation must be provided prior to processing application:

- South Carolina Certificate of Immunization;
- Social Security card;
- Two proofs of residency (lease rental or proof of home ownership, purchase agreement, property tax or mortgage, bill of sale, property title or utility [cable, water or electric] bill. A driver's license will NOT be accepted for proof of residency.

5. All parts of the application must be signed and dated by Parents or Guardian prior to submission. By submitting an application, you agree with all of the requirements of PACE's charter, by-laws, and policies.

6. Each application must be submitted in a separate envelope.

All applications must be completed online (or if mailed, postmarked by) no later than January 1st, 2010.

Parents/Guardians are responsible for verifying PACE’s receipt of the completed application by the registration cut-off date.

If you are not completing online, printed application forms may be downloaded from the main website, manually filled in, and may be mailed or hand-delivered to PACE.

Supporting documentation (and manually filled in applications) may be mailed or hand-delivered to PACE at:

**Pattison’s Academy for Comprehensive Education
2383 Hwy 41
Mount Pleasant, SC 29466
Telephone: (843)849-6707**

Applications received after the lottery deadline will be placed on the waiting list in the order in which they are received.

Your Signature Indicates You Agree and Understand the Instructions for the Application Process as Listed Above

Parent or Guardian Signature_____ Date_____



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APPLICATION FOR ADMISSION - SCHOOL YEAR 2010-2011 **UNDERSTANDING of COMMITMENT and PARENT AGREEMENT**

By submitting an application for your child's admission to PACE, you understand and agree to the following conditions of admission:

1. PACE is a charter school as defined by the South Carolina Charter Schools Act (S.C. Code Ann. §59-40-10, et seq.). The Charter Schools Act provides for, among other things, the operation of public schools so that teachers and parents have greater say in the management of the school and to exempt the school from some regulations of the Charleston County School District and some state regulations.
2. The manner and method by which PACE is governed and will operate is set forth in the charter and by-laws of PACE; both of these are available at the PACE office. If you have any questions about its operations, please completely read these documents. **By submitting this application, you agree to fully abide by the terms and conditions of the PACE charter and by-laws.**
3. **Applications do not guarantee a spot in PACE.** If there are more applications than there are spaces available, a lottery will be conducted. Siblings of currently enrolled students are entitled a spot in PACE, if space is available. All details of how spots are filled can be found in the charter. **Please do not rely on this application until you have been informed that your child has been enrolled in PACE.**

PARENT AGREEMENT

1. I will keep **current the information** on my child's enrollment card. I will inform the school immediately of new phone numbers, addresses and any changes in my child's situation.
2. I will **read the parent handbook** upon acceptance.
3. I will be responsible for seeing that my child **arrives on time each day**.
4. I will **attend Parent-Teacher educational meetings** and **Individual Education Plan meetings**
5. I will **contact the Administration** in a timely manner to discuss concerns of the school program or staff.
6. I understand that by enrolling at PACE I have agreed to fully participate in my child's schooling by committing time and or expertise.

I have completely reviewed all of the documents of the application for admission to PACE and I understand the expectations and commitment of having a child attend PACE. By submitting an application on behalf of my child, I agree to abide by all terms and conditions of the Understanding of Commitment and the Parents' Statement of Agreement, and the PACE charter and by-laws.

Your Signature indicates an UNDERSTANDING of COMMITMENT and PARENT AGREEMENT of the items listed above.

Parent or Guardian Signature _____ Date _____



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Student Application Form

Applications DO NOT guarantee a spot in *Pattison's Academy for Comprehensive Education.*

General	Student's full name: _____
	Birth Date: _____

Information	Current Grade: _____
	Current School Name: _____
	Current School Address: _____ _____
	Does your child have a current Individual Education Plan (IEP)? _____
	Current IEP Area of Disability: Please check all that apply.
	<input type="checkbox"/> LD Learning Disabled
	<input type="checkbox"/> ED Emotionally Disabled
	<input type="checkbox"/> EMD Educable Mentally Disabled
	<input type="checkbox"/> TMD Trainable Mentally Disabled
	<input type="checkbox"/> PMD Profound Mentally Disabled
<input type="checkbox"/> Autism	
<input type="checkbox"/> Visually Impaired	
<input type="checkbox"/> Hearing Impaired	
<input type="checkbox"/> OHI Other Health Impaired	
<input type="checkbox"/> Orthopedic Impaired	
<input type="checkbox"/> Speech/Language	

NONI: a B R O F N I C A T T O C N A I : C R A U G

Parent or Guardian Name _____ **Relationship:** _____

Current Address Information:

Street: _____

City: _____ State: _____ Zip code: _____ County: _____

Telephone Number(s):

Home: _____ Business: _____

Mobile: _____ E-Mail Address _____

2nd Parent or Guardian Name: _____ **Relationship:** _____

Current Address Information:

Street: _____

City: _____ State: _____ Zip code: _____ County: _____

Telephone Number(s):

Home: _____ Business: _____

Mobile: _____ E-Mail Address _____