



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

2025 – 2026 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 <input type="checkbox"/> M <input type="checkbox"/> F	Date of Birth	Is the student Hispanic or Latino? <input type="checkbox"/> Yes <input type="checkbox"/> No		Race: (check all that apply) <input type="checkbox"/> American Indian or Alaskan Native <input type="checkbox"/> Asian <input type="checkbox"/> Black or African American <input type="checkbox"/> Native Hawaiian or Other Pacific Islander <input type="checkbox"/> 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? <input type="checkbox"/> Yes <input type="checkbox"/> No		Is the student an unaccompanied youth? <input type="checkbox"/> Yes <input type="checkbox"/> No		Is the student an emancipated minor? (If yes, legal documentation must be provided) <input type="checkbox"/> Yes <input type="checkbox"/> No					
Is the current residence a Group Home or Residential Treatment Facility? <input type="checkbox"/> Yes <input type="checkbox"/> No (If yes, enter the location below.) Facility Name: _____								Is the current residence a foster home? <input type="checkbox"/> Yes <input type="checkbox"/> 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? <input type="checkbox"/> Yes <input type="checkbox"/> 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? <input type="checkbox"/> Yes <input type="checkbox"/> No (If yes, legal documentation must be provided to the school.)									
With whom does the student live? <input type="checkbox"/> Both Parents <input type="checkbox"/> Mother Only <input type="checkbox"/> Father Only <input type="checkbox"/> Mother & Step Parent <input type="checkbox"/> Father & Step Parent <input type="checkbox"/> Legal Guardian <input type="checkbox"/> Foster Mother <input type="checkbox"/> Foster Father <input type="checkbox"/> Caseworker <input type="checkbox"/> Other									
Parent/Guardian Legal Name (First, Middle, Last & Suffix)								Relationship to Student	
Home Phone ()			Cell Phone ()		Day Phone ()		Lives with student <input type="checkbox"/> Yes <input type="checkbox"/> 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 Uniformed Services of the United States? <input type="checkbox"/> Yes <input type="checkbox"/> 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.? <input type="checkbox"/> Yes <input type="checkbox"/> No (If yes, provide the following.)					Branch of Service		Rank/Grade		Name of Foreign Government
Is this Parent/Guardian employed by CCSD? <input type="checkbox"/> Yes <input type="checkbox"/> No (If yes, provide the following.) CCSD Employee No. _____ Work Location _____							Does this Parent/Guardian have custody of this student? <input type="checkbox"/> Yes <input type="checkbox"/> No Does this Parent/Guardian receive mailings? <input type="checkbox"/> Yes <input type="checkbox"/> 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 <input type="checkbox"/> Yes <input type="checkbox"/> 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 Uniformed Services of the United States? <input type="checkbox"/> Yes <input type="checkbox"/> 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.? <input type="checkbox"/> Yes <input type="checkbox"/> No (If yes, provide the following.)		Branch of Service	Rank/Grade	Name of Foreign Government
Is this Parent/Guardian employed by CCSD? <input type="checkbox"/> Yes <input type="checkbox"/> No (If yes, provide the following.) CCSD Employee No. _____ Work Location _____		Does this Parent/Guardian have custody of this student? <input type="checkbox"/> Yes <input type="checkbox"/> No Does this Parent/Guardian receive mailings? <input type="checkbox"/> Yes <input type="checkbox"/> 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: <input type="checkbox"/> CCSD School <input type="checkbox"/> Home Schooled <input type="checkbox"/> Private School <input type="checkbox"/> Private Preschool Program <input type="checkbox"/> Other Public School <input type="checkbox"/> Other <input type="checkbox"/> Unknown Previous School Name: _____	
Has the student repeated a grade? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, Grade(s) repeated ____ Has the student ever been expelled? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, Grade(s) expelled ____ Did the student attend Kindergarten? <input type="checkbox"/> Yes <input type="checkbox"/> No Does the student have any of the following designations: (Check all that apply.) <input type="checkbox"/> 504 Plan <input type="checkbox"/> Gifted/Talented <input type="checkbox"/> ESOL <input type="checkbox"/> Migrant <input type="checkbox"/> Student Transfer Does the student have an Individualized Education Program (IEP)? <input type="checkbox"/> Yes <input type="checkbox"/> No (If yes, specify the instructional setting.) <input type="checkbox"/> General Education <input type="checkbox"/> Separate Class <input type="checkbox"/> Separate School <input type="checkbox"/> Other: _____ Is transportation listed as a related service in the student's IEP? <input type="checkbox"/> Yes <input type="checkbox"/> No	If the student has an IEP, please specify the area of disability: (Check all that apply.) <div style="display: flex; flex-wrap: wrap;"> <div style="width: 50%;"> <input type="checkbox"/> Autism <input type="checkbox"/> Deaf-Blindness <input type="checkbox"/> Deafness <input type="checkbox"/> Developmental Delay <input type="checkbox"/> Emotional Disturbance <input type="checkbox"/> Hearing Impairment <input type="checkbox"/> Intellectual Disability <input type="checkbox"/> Multiple Disabilities </div> <div style="width: 50%;"> <input type="checkbox"/> Orthopedic Impairment <input type="checkbox"/> Other Health Impairment <input type="checkbox"/> Specific Learning Disability <input type="checkbox"/> Speech or Language Impairment <input type="checkbox"/> Traumatic Brain Injury <input type="checkbox"/> Visual Impairment <input type="checkbox"/> Other (please specify) _____ </div> </div>

E. TRANSPORTATION

How will the student get to school in the morning? <input type="checkbox"/> AM Bus Only <input type="checkbox"/> AM & PM Bus <input type="checkbox"/> POV (Car Rider) <input type="checkbox"/> Daycare Provides <input type="checkbox"/> PM Bus Only <input type="checkbox"/> Walker <input type="checkbox"/> Bicycle
How will the student get to school in the afternoon? <input type="checkbox"/> AM Bus Only <input type="checkbox"/> AM & PM Bus <input type="checkbox"/> POV (Car Rider) <input type="checkbox"/> Daycare Provides <input type="checkbox"/> PM Bus Only <input type="checkbox"/> Walker <input type="checkbox"/> 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 <input type="checkbox"/> Yes <input type="checkbox"/> No SC Immunization Record <input type="checkbox"/> Yes <input type="checkbox"/> No Legal Guardianship/Custody Papers <input type="checkbox"/> Yes <input type="checkbox"/> No Out of Zone <input type="checkbox"/> Yes <input type="checkbox"/> No Nonresident <input type="checkbox"/> Yes <input type="checkbox"/> No Chas Co property ownership <input type="checkbox"/> Yes <input type="checkbox"/> No Moving into Chas County <input type="checkbox"/> Yes <input type="checkbox"/> No Tuition Required <input type="checkbox"/> Yes <input type="checkbox"/> No P/G: Picture ID <input type="checkbox"/> Yes <input type="checkbox"/> No Residency Affidavit <input type="checkbox"/> Yes <input type="checkbox"/> No Residency Verification <input type="checkbox"/> Yes <input type="checkbox"/> No Mail Verification <input type="checkbox"/> Yes <input type="checkbox"/> No Other Head/Household: Notarized Statement <input type="checkbox"/> Yes <input type="checkbox"/> No Residency Verification <input type="checkbox"/> Yes <input type="checkbox"/> No Mail Verification <input type="checkbox"/> Yes <input type="checkbox"/> No Records Requested _____ Records Received _____ Cumulative File Reviewed _____ Teacher Assigned _____ Enrollment Date _____ Bus Number _____ REVIEWED WITH P/G: Home Language Survey <input type="checkbox"/> Yes <input type="checkbox"/> No Scholastic Information <input type="checkbox"/> Yes <input type="checkbox"/> No NOTIFIED: <input type="checkbox"/> SPED Teacher <input type="checkbox"/> 504 Coordinator <input type="checkbox"/> G/T Teacher <input type="checkbox"/> ESOL <input type="checkbox"/> Fed Programs	
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