



**BRIDGEWATER ACADEMY**

PO Box 50400  
Myrtle Beach, SC 29579  
Phone: (843) 236-3689 Facsimile: (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 grow better in every way. All students may continue to attend Bridgewater Academy Charter School.

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 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 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)

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Parent's Signature and Date



# Bridgewater Academy

Student Enrollment Application  
Academic Year 2015-2016

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  
PO Box 50400  
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

Steve Wilson, Principal

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

\_\_\_\_\_  
Date

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

PO Box 50400 Myrtle Beach, SC 29579 Phone: 843-236-3689 Fax: 843-236-4921