

# Student Enrollment Form

Please print answers to all questions:

GeoCode	Entry Date
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Student Information

Preferred Phone # for School Messages \_\_\_\_\_

*Note: The phone number listed above will receive automated messages from the school. This can be a home or cell number.*

\_\_\_\_\_ Last Name      \_\_\_\_\_ First Name      \_\_\_\_\_ Middle Name      \_\_\_\_\_ Suffix (Jr, III, etc)

\_\_\_\_\_ Home Address      \_\_\_\_\_ City      \_\_\_\_\_ Zip      \_\_\_\_\_ Alternate Phone Number

Mailing Address, if different: \_\_\_\_\_

Ethnicity and Race	Place of Birth	Has student ever attended another school in Greenville Co?	Transportation
<b>1) Are you Hispanic or Latino?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No <b>2) Race: (check all that apply)</b> <input type="checkbox"/> Asian <input type="checkbox"/> American Indian or Alaskan Native <input type="checkbox"/> Native Hawaiian or Pacific Islander <input type="checkbox"/> Black <input type="checkbox"/> White	_____ city, state <b>OR</b> country if not US	_____ If yes, name school on blank below: — yes — no	<b>Bus:</b> <b>Other:</b> _____ morning    _____ walk _____ afternoon    _____ car _____ never    _____ daycare bus
	Birthdate	Grade Level	Gender
	_____ / _____ / _____ /    /	_____	<b>M</b> <b>F</b>

Parent / Legal Guardian Information

Student Lives With: (check all that apply)

Both Parents   
  Mother   
  Father   
  Stepparent\*   
  Foster Parent\*   
  Guardian\*   
  Other\*   
  Alone

**Legal Father of Student:** (parent listed on child's birth certificate or court-issued custody document)

\_\_\_\_\_ Last Name      \_\_\_\_\_ First Name      \_\_\_\_\_ Middle Name

\_\_\_\_\_ Address (if different from student's)      \_\_\_\_\_ Home Phone

\_\_\_\_\_ City, State      \_\_\_\_\_ Zip      \_\_\_\_\_ Cell Phone

\_\_\_\_\_ Employer      \_\_\_\_\_ Work Phone

**Signature** \_\_\_\_\_  
if available

**Legal Mother of Student:** (parent listed on child's birth certificate or court-issued custody document)

\_\_\_\_\_ Last Name      \_\_\_\_\_ First Name      \_\_\_\_\_ Middle Name

\_\_\_\_\_ Address (if different from student's)      \_\_\_\_\_ Home Phone

\_\_\_\_\_ City, State      \_\_\_\_\_ Zip      \_\_\_\_\_ Cell Phone

\_\_\_\_\_ Employer      \_\_\_\_\_ Work Phone

**Signature** \_\_\_\_\_  
if available

**\* If student lives with someone other than natural parent:**     Stepparent     Foster Parent     Guardian     Other (\_\_\_\_\_)

(Appropriate documents should be presented at time of enrollment)

\_\_\_\_\_ Last Name      \_\_\_\_\_ First Name

\_\_\_\_\_ Employer      \_\_\_\_\_ Home Phone      \_\_\_\_\_ Cell Phone      \_\_\_\_\_ Work Phone

**Parents:** If you want a stepparent to have access (verbal or written) to your child's records, you will need to complete a "Consent for Access" form in the presence of a school staff member.

**Questions:**

1. Social Security Number  
(for verification of SUNS)

\_\_\_\_\_

(optional)

2. Has the student ever received ESOL (English for Speakers of Other Language) services?

Yes  No

3. Are the student's parents migrant workers?

Yes  No

4. Does the student live in a foster home?

Yes  No

5. Does the student live in a group home?

Yes  No

\_\_\_\_\_

if yes, name of home

6. Is this student homeless?

Yes  No

**Last School Attended:**

Public \_\_\_\_\_

Private \_\_\_\_\_ Name of School \_\_\_\_\_ Address of School \_\_\_\_\_ Grade \_\_\_\_\_

Home \_\_\_\_\_

Charter \_\_\_\_\_ Phone / Fax Numbers \_\_\_\_\_ Dates of Attendance \_\_\_\_\_

**High School Students:** list all other high schools the student has attended, beginning with the most recent

Name of School	City, State	Grade(s)	Dates of Attendance
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Has the student ever taken the **HSAP Test** (SC high school exit exam)?  Yes  No  Not sure

If yes, please circle the name of the school the student was attending when the exam was taken.

**Siblings:** list all other children in this family who currently attend a Greenville County school

Last Name	First Name	Middle Name	Grade	School
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

**Emergency Contacts:** please provide information for people whom we could call in an emergency if we are unable to reach the parents

First and Last Name	Relationship to Student	Daytime Phone
_____	_____	_____
_____	_____	_____
_____	_____	_____

**Student Support Services (Special Ed) Information:**

Does the student receive Special Ed services:  Yes  No

If Yes:  IEP  504 Accommodation Plan

The student receives services from the following programs...

<input type="checkbox"/> deaf/hard of hearing	<input type="checkbox"/> mild/moderate mentally impaired
<input type="checkbox"/> speech/language	<input type="checkbox"/> moderate/severe mentally impaired
<input type="checkbox"/> physically impaired	<input type="checkbox"/> specific learning disabilities
<input type="checkbox"/> visually impaired	<input type="checkbox"/> emotional/behavioral disordered
<input type="checkbox"/> other health impaired	<input type="checkbox"/> multiple
<input type="checkbox"/> autism	<input type="checkbox"/> other _____

**Parents:**

1. If your child has **medical issues** that the school should be aware of, please list on the Emergency Information Form.

2. Please check your child's information on the **Parent Portal** periodically and notify the school of any changes in addresses, phone numbers, transportation status, emergency contacts, etc.

**Parent signature:** \_\_\_\_\_

**School Use:**