

GREENVILLE COUNTY SCHOOLS STUDENT ENROLLMENT FORM

STUDENT INFORMATION

Last Name First Name Middle Name Nickname

Grade Gender Birthdate Enrollment Date Place of Birth SS#

Ethnic Code:

- | | | |
|---------------------------------------------------|----------------------------------------------------|-------------------------------------------------|
| <input type="checkbox"/> Asian | <input type="checkbox"/> American Indian | <input type="checkbox"/> White/African American |
| <input type="checkbox"/> African-American | <input type="checkbox"/> Hawaiian-Pacific Islander | <input type="checkbox"/> White/American Indian |
| <input type="checkbox"/> African Amer/Amer Indian | <input type="checkbox"/> White | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> Hispanic | <input type="checkbox"/> White/Asian | |

Name & Address of School Last Attended Grade Level

TRANSPORTATION:

Arrival: Car Walk Bus Day Care Bus Other _____

Departure: Car Walk Bus Day Care Bus Other _____

English Proficiency: Unknown Waiver LEP LEP Mainstreamed Exited English Speaker

Birth Country: _____ Date of US School Entry: _____

Meals: Free Reduced None

Migrant: Yes No

Foster Home: Lives in Foster Home Does Not Live In Foster Home

Student Lives with _____

Does student have any physical problems that may affect school attendance? _____

List any special programs/services received at previous school. _____

FAMILY INFORMATION

Father's Last Name Father's First Name Home Telephone Number

Employer Work Telephone Number & Extension Alternate Telephone Number

Residence Address (street number, street name, street type, city, state, and zip code)

Mailing Address (street number, street name, street type, city, state, zip code)

Education Level:

- | | | |
|--------------------------------------------------------------|------------------------------------------------------------|----------------------------------------------|
| <input type="checkbox"/> Primary - Grades 1-8; Specify _____ | <input type="checkbox"/> High - Grades 9-12; Specify _____ | <input type="checkbox"/> No HS Diploma (GED) |
| <input type="checkbox"/> Bachelors | <input type="checkbox"/> Masters | <input type="checkbox"/> PhD |

Mother's Last Name _____ Mother's First Name _____ Home Telephone Number _____

Employer _____ Work Telephone Number & Extension _____ Alternate Telephone Number _____

Residence Address (street number, street name, street type, city, state, and zip code) _____

Mailing Address (street number, street name, street type, city, state, zip code) _____

Education Level:
 Primary - Grades 1-8; Specify _____
 Bachelors _____
 High - Grades 9-12; Specify _____
 Masters _____
 No HS Diploma (GED) _____
 PhD _____

Legal Guardian/Step-Parent's Last Name _____ Legal Guardian/Step-Parent's First Name _____ Home Telephone Number _____

Employer _____ Work Telephone Number & Extension _____ Alternate Telephone Number _____

Residence Address (street number, street name, street type, city, state, and zip code) _____

Mailing Address (street number, street name, street type, city, state, zip code) _____

Proof of Guardianship: Court Order Affidavit

<u>Sibling Name</u>	<u>School Attending</u>	<u>Grade</u>

EMERGENCY INFORMATION

Medical Alert1 (i.e. Allergies, Asthma, Medical Conditions, etc.) _____

Medical Alert2 (Medication) _____

Medical Alert3 (Special Accommodations) _____

Emergency Contact 1 (Name, Telephone Number & Extension) _____

Relationship to Student:
 Mother Foster Father Brother PM Day Care Provider
 Father Guardian Sister Spouse
 Step-Mother Other Grandmother Parole Officer
 Step-Father Neighbor Grandfather
 Foster Mother Babysitter AM Day Care Provider

Emergency Contact 2 (Name, Telephone Number & Extension) _____

Relationship to Student:
 Mother Foster Father Brother PM Day Care Provider
 Father Guardian Sister Spouse
 Step-Mother Other Grandmother Parole Officer
 Step-Father Neighbor Grandfather
 Foster Mother Babysitter AM Day Care Provider

Alternate Contact 3 (Name, Telephone Number & Extension)

Relationship to Student:

- | | | | |
|----------------------------------------|----------------------------------------|-----------------------------------------------|-----------------------------------------------|
| <input type="checkbox"/> Mother | <input type="checkbox"/> Foster Father | <input type="checkbox"/> Brother | <input type="checkbox"/> PM Day Care Provider |
| <input type="checkbox"/> Father | <input type="checkbox"/> Guardian | <input type="checkbox"/> Sister | <input type="checkbox"/> Spouse |
| <input type="checkbox"/> Step-Mother | <input type="checkbox"/> Other | <input type="checkbox"/> Grandmother | <input type="checkbox"/> Parole Officer |
| <input type="checkbox"/> Step-Father | <input type="checkbox"/> Neighbor | <input type="checkbox"/> Grandfather | |
| <input type="checkbox"/> Foster Mother | <input type="checkbox"/> Babysitter | <input type="checkbox"/> AM Day Care Provider | |

Physician Name & Telephone Number

Hospital Preference

Other Important Information:

SCHOOL USE ONLY:

Name of School	Homeroom Teacher	GeoCode
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Copies:	<input type="checkbox"/> State Birth Certificate	<input type="checkbox"/> Social Security Card	<input type="checkbox"/> Proof of Residence
	<input type="checkbox"/> SC Immunization Certificate	<input type="checkbox"/> Guardianship Court Order / Affidavit	

Parent/Legal Guardian Signature

Date