

# Student Enrollment Form

Greenville County Schools  
Form 130-10/9.2010

*Please print answers to all questions:*

GeoCode

Entry Date

Student Information

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

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

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

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

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

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

<input type="checkbox"/> Public	_____	_____	_____
<input type="checkbox"/> Private	Name of School	Address of School	Grade
<input type="checkbox"/> Home	_____	_____	_____
<input type="checkbox"/> 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:**