

**GREENVILLE COUNTY SCHOOLS
STUDENT ENROLLMENT FORM**

STUDENT INFORMATION

Last Name First Name Middle Name Nickname

Grade Gender Birth Date Enrollment Date Place of Birth SSN (for state verification)

Ethnic Code:

____ Asian _____ American Indian _____ White/African American
____ African-American _____ Hawaiian-Pacific Islander _____ White/American Indian
____ African Amer/Amer Indian _____ White _____ Other
____ Hispanic _____ White/Asian

Name & Address of School Last Attended

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: _____

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 & Ext Alternate Telephone

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

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

Education Level:

Primary-Grades 1-8; Specify: _____

High-Grades 9-12; Specify: _____

No HS Diploma (GED)

Bachelors Degree

Masters Degree

PhD

Mother's Last Name

Mother's First Name

Home Telephone Number

Employer

Work Telephone Number & Ext

Alternate Telephone

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

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

Education Level:

Primary-Grades 1-8; Specify: _____

High-Grades 9-12; Specify: _____

No HS Diploma (GED)

Bachelors Degree

Masters Degree

PhD

Legal Guardian/Step-Parent's Last Name

Legal Guardian/Step-Parent's First Name

Home Telephone Number

Employer

Work Telephone Number & Ext

Alternate Telephone

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

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

Proof of Guardianship: Court Order

Affidavit

Sibling Name

School Attending

Grade

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:

- | | | | |
|--|--|---|---|
| <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 | |

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

Copies: (See Enrollment Checklist)

PARENT/LEGAL GUARDIAN SIGNATURE

DATE