



## Registering Your Child at Bethel Elementary

Before you can register your child at Bethel Elementary, you must have the following documents:

- Birth Certificate (Must be state issued)
- Current SC Immunization record from DHEC (if you are coming from out of state, please provide your previous state's form and we will transfer it to the SC form)
- Two (2) proof of residence documents. The following documents are acceptable:
  - Current electric bill with service address
  - Current water bill with service address
  - Current paycheck stub with home address
  - A copy of a current lease agreement
  - Closing documents for a home purchase \*(Please note that we cannot accept a contract for a home purchase.)

Please feel free to contact our office if you have any questions. We look forward to seeing you!

# 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



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:

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**SCHOOL USE ONLY:**

Name of School \_\_\_\_\_ Homeroom Teacher \_\_\_\_\_ GeoCode \_\_\_\_\_

Copies:  State Birth Certificate  Social Security Card  Proof of Residence  
 SC Immunization Certificate  Guardianship Court Order / Affidavit

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Parent/Legal Guardian Signature

Date



**GREENVILLE COUNTY SCHOOLS  
PRIMARY/HOME LANGUAGE IDENTIFICATION FORM**

*Please Print*

This form must be completed at registration for *every* student who registers in a district school for the first time and placed in the student's permanent record folder. If the first language is other than English, contact the English for Speakers of Other Language (ESOL) office for assistance with registration. Elementary and Middle Schools, 355-2986; High Schools 355-2985

_____		_____	
Student's name		Date	
_____		_____	
Student's Address		Current Grade Level	
_____	_____	_____	
City	Zip- Code	Country of birth	
_____		_____	
Name of School		Alien Registration # (if applicable)	

Please answer the following questions about the student's language background.

1. What is the first language you learned to speak? Circle *the appropriate letter*

- |              |                          |
|--------------|--------------------------|
| a. Arabic    | k. Korean                |
| b. Cambodian | l. Laotian               |
| c. Chinese   | m. Portuguese            |
| d. English   | n. Spanish               |
| e. French    | o. Tagalong              |
| f. German    | p. Thai                  |
| g. Greek     | q. Urdu                  |
| h. Gujarati  | r. Vietnamese            |
| i. Hindi     | s. Other – specify _____ |
| j. Japanese  |                          |

2. What is the language you speak more often? \_\_\_\_\_

3. What language is spoken most often in your home? \_\_\_\_\_

4. Do the parents/guardians read and speak English?

- |              |                |
|--------------|----------------|
| a. Mother    | Yes ___ No ___ |
| b. Father    | Yes ___ No ___ |
| c. Guardians | Yes ___ No ___ |

Signature of the School personnel completing this form \_\_\_\_\_