

**THE SCHOOL DISTRICT OF GREENVILLE COUNTY
STUDENT ENROLLMENT FORM**

STUDENT INFORMATION

Last Name First Name Middle Name Nickname

Grade Gender Birthdate Enrollment Date Place of Birth SS#

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 Grade Level

Transportation:

____ Bus AM/Bus Number _____ ____ City Bus ____ Other _____
____ Bus PM/Bus Number _____ ____ Day Care _____
____ Car ____ Walk/Bicycle

English Proficiency: ____ Unknown ____ LEP ____ ESL ____ English

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 effect 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:

____ Primary - Grades 1-8; Specify ____ ____ High - Grades 9-12; Specify ____ ____ No HS Diploma (GED)
____ Bachelors ____ Masters ____ 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:		
<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

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: <input type="checkbox"/> Court Order <input type="checkbox"/> 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:
<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

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: <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