

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:

Public _____

Private _____ Name of School _____ Address of School _____ Grade _____

Home _____

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: