

**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

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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 |   |

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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 |   |

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Physician Name & Telephone Number

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Hospital Preference

Other Important Information: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

SCHOOL USE ONLY:

\_\_\_\_\_  
Name of School

\_\_\_\_\_  
Homeroom Teacher

\_\_\_\_\_  
Geocode

Copies: (See Enrollment Checklist)

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PARENT/LEGAL GUARDIAN SIGNATURE

DATE