



Welcome to Oakview!

Before you can register your child at Oakview Elementary, you **MUST** have the following information:

- *Birth certificate (will say "certificate of live birth" at the top).
- *Current South Carolina immunization record on DHEC form #1148.
- ***(2) Proofs of residency (sale or lease agreement or Lauren's Electric bill) AND ONE of the following:**
 - *Voter registration card
 - *Current paycheck stub
 - *Current statement from DSS or other governmental agencies
 - *A statement of address change filed with the post office
 - *Real estate tax documents
 - *State and federal income tax returns

NOTE: Parents providing lease agreements as one proof of residency will be required to submit updated lease agreements upon the expiration of the current agreement.

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 |

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:
 Primary - Grades 1-8; Specify _____ High - Grades 9-12; Specify _____ No HS Diploma (GED)
 Bachelors _____ Masters _____ 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: Court Order 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:
 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:
 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

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:

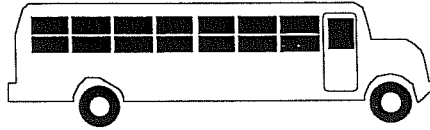
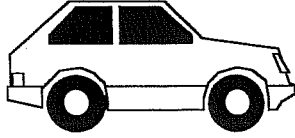
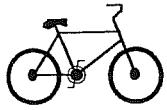
SCHOOL USE ONLY:

Name of School _____ Homeroom Teacher _____ GeoCode _____

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

Parent/Legal Guardian Signature

Date



OAKVIEW ELEMENTARY TRANSPORTATION MAP

Student's name _____

Parent's name _____

Address _____

Phone # Home _____ Work _____

Mobile _____

Subdivision _____

Landmarks _____

Description of House _____

In the space provided below, please draw a detailed map from Oakview Elementary to your home.
Be sure to label all roads and landmarks.

THE SCHOOL DISTRICT OF GREENVILLE COUNTY 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 as a Second Language (ESL) Coordinator at 241-3343 for assistance with a language evaluation.

Student's Name	Date
Student's Address	Current Grade Level
City/Zip	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. Tagalog |
| 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 most often? _____

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

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

- | | | |
|--------------|------------------------------|-----------------------------|
| a. Mother | <input type="checkbox"/> yes | <input type="checkbox"/> no |
| b. Father | <input type="checkbox"/> yes | <input type="checkbox"/> no |
| c. Guardians | <input type="checkbox"/> yes | <input type="checkbox"/> no |

signature of school personnel completing this form

Oakview Elementary School
New Student Information

Student Name _____ Grade Level _____

Parents: Please check the information below that pertains to your child:

Special Education _____
IEP _____
504 Plan _____

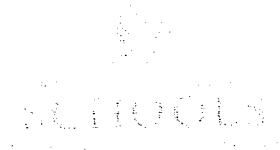
Speech _____
ESOL _____
Gifted Program _____

List any other academic support programs (i.e., tutoring) that your child has received in the past:

Student Transcript / Records Request

Greenville County School District

Attn: Information Assurance Office
P.O. Box 2848
Greenville, South Carolina 29602.
Tel: (864) 355-7671 Fax: (864) 355-7997



This form must be completed in full for all requests to be processed. A parent or legal guardian may request a copy of their child's transcript/records only if that child is under the age of 18 and therefore considered an eligible student under Federal Law. Once the child reaches the age of 18 the rights are passed from the parent to the child. Students who have been out of school less than five years will be furnished three transcripts at no charge. There is a **\$5.00 charge** for transcript request in excess of three and for any records request from students who have been out of school for more than five years. Payment must be submitted at the time of request. Records request are typically processed within five (5) working days from the receipt date of completed request form and payment.

Greenville County School District requires positive identification for the release of records!

Walk-in Request: Complete request form, provide government issued Photo ID (i.e., driver's license, passport, etc.) and payment, if applicable.

Mail-in Request: Complete request form, provide a copy of a government issued Photo ID (i.e., driver's license, passport, etc.) and payment, if applicable. **Note:** If student has been out of school less than five years, then request must be mailed to last school attended.

PURPOSE OF REQUEST

Employment Education Personal Use Other _____

STUDENT INFORMATION

Name _____ Address _____
City _____ State _____ Zip _____ Tel: (____) _____
Date of Birth _____

TRANSCRIPT/RECORD INFORMATION

Name Used in School (if different from above) _____
Last School Attended in Greenville County _____
Year of Graduation or Last Year Attended _____

Specify Record Type & Indicate Number of Copies (additional \$5.00 charge will be incurred for duplicate record sets)

High School Transcript _____ Copies Special Education Records _____ Copies Immunization Only _____ Copies
 Adult Education Records _____ Copies Test results _____ Copies All Records in File _____ Copies

SEND RECORDS TO

To me at the address above To the address (es) listed below I will pick up _____

SEND TO _____ SEND TO _____

Information from the Greenville County School District student scholastic record is released on the condition that the recipient agrees not to permit any other party to have access to such information without the written consent of the parent or of the eligible student.

CONSENT FOR RELEASE OF INFORMATION

I hereby authorize the Greenville County School District to Release and/or send any of the above listed educational information to the above listed agency/school, or mailed to myself at the address listed above.

Signature/Release Authorization: _____
THIS REQUEST WILL NOT BE PROCESSED WITHOUT AN ORIGINAL SIGNATURE

Records Office Use Only:

Amount Paid \$ _____ Photo ID _____ Date Printed _____ Date Mailed _____ Date Picked Up _____