

# Student Enrollment Form

GeoCode

Entry Date

By completing this form, I attest that I have custody and educational authority for this child.

**Student Information (Please print answers to all questions)**

<hr/>	<input type="checkbox"/> Male	<input type="checkbox"/> Female	
Last Name	First Name	Middle Name	Suffix (Jr, III, etc)
<hr/>	<hr/>	<hr/>	<hr/>
Home Address	City	Zip	Grade Level
<hr/>	<hr/>	<hr/>	<hr/>
Mailing Address, if different: <hr/>			

Ethnicity and Race	Birth Information	Student Support Services Information
1. Is student Hispanic or Latino? <input type="checkbox"/> Yes <input type="checkbox"/> No	<hr/>	Does the student have an Individual Education plan (IEP)? <input type="checkbox"/> Yes <input type="checkbox"/> No
2. Race: Check all that apply: <input type="checkbox"/> American Indian or Alaskan Native <input type="checkbox"/> Native Hawai'ian or Pacific Islander <input type="checkbox"/> Asian <input type="checkbox"/> Black <input type="checkbox"/> White	Birthdate <hr/>	Does the student have a 504 accomodation plan? <input type="checkbox"/> Yes <input type="checkbox"/> No
	Place of Birth (city, state OR country if not US) <hr/>	

**Parent/Legal Guardian Information (parent listed on child's birth certificate or court-issued custody document)**

Parent/Legal Guardian #1	Parent/Legal Guardian #2
<input type="checkbox"/> Mother <input type="checkbox"/> Father	<input type="checkbox"/> Mother <input type="checkbox"/> Father
<hr/>	<hr/>
Last Name	Last Name
First Name	First Name
Middle Name	Middle Name
<hr/>	<hr/>
Home Address	Home Address
Check box if same as student address <input type="checkbox"/>	Check box if same as student address <input type="checkbox"/>
<hr/>	<hr/>
City	City
State	State
Zip	Zip
<hr/>	<hr/>
Home Phone #	Home Phone #
Cell Phone #	Cell Phone #
<hr/>	<hr/>
Employer	Employer
Work Phone	Work Phone
<hr/>	<hr/>
Email Address	Email Address
<hr/>	<hr/>
Greenville County Schools uses an automated phone messaging system for parent notifications. Please indicate below which phone number you would like to receive these messages from the school. It may be a home or cell phone number <hr/>	Does Parent/Legal Guardian #2 have custody? <input type="checkbox"/> Yes <input type="checkbox"/> No If no, please explain and show appropriate court documentation to school. <hr/>



**Emergency Contacts: List contact information below for people we could call in an emergency IF WE ARE UNABLE TO REACH THE PARENT/LEGAL GUARD**

Emergency Contact Name	Home Phone	Work Phone	Cell Phone	Relationship
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

**Additional Information**

- 1 Does the student live in a foster home?  Yes  No
- 2 Does the student live in a group home?  Yes  No  
If yes, which group home? \_\_\_\_\_
- 3 Is either parent or legal guardian on active duty in the military?  Yes  No
- 4 Is either parent or legal guardian on active duty in the reserves or national guard?  Yes  No
- 5 Has either parent or legal guardian worked as a civilian on federal property or live on federal property?  Yes  No
- 6 Are the student's parents migrant workers?  Yes  No

*If your child has medical issues that the school should be aware of, please list on the StudentEmergency Information Form that can be obtained from your school.*

*By signing this form, I attest that I have custody and educational authority for this child and have provided appropriate documentation.*

\_\_\_\_\_  
Parent Signature

\_\_\_\_\_  
Date

**For 4K, K5, and 1st Grade Enrollment Only**

I am aware that the entrance requirements for 4K, 5K, and 1st grade students are as follows:  
*My child must be four years of age if enrolling in 4K program; or five years of age if enrolling in K5 program; or six years of age if enrolling in First Grade on or before September 1st of the applicable school year.*

Parent Initials \_\_\_\_\_

**Section for School Use**

\_\_\_\_\_