

# 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)**

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

Ethnicity and Race	Birth Information	Student Support Services Information
1. Is student Hispanic or Latino? <input type="checkbox"/> Yes <input type="checkbox"/> No	Birthdate _____ Place of Birth (city, state OR country if not US) _____	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 Hawaiian or Pacific Islander <input type="checkbox"/> Asian <input type="checkbox"/> Black <input type="checkbox"/> White		Does the student have a 504 accomodation plan? <input type="checkbox"/> Yes <input type="checkbox"/> No

**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
Last Name First Name Middle Name	Last Name First Name Middle Name
Home Address <input type="checkbox"/> Check box if same as student address	Home Address <input type="checkbox"/> Check box if same as student address
City State Zip	City State Zip
Home Phone # Cell Phone #	Home Phone # Cell Phone #
Employer Work Phone	Employer Work Phone
Email Address	Email Address

Greenville County Schools uses an automated phone messaging system for parent notifications. Out of respect for our families' schedules, phone calls are only made between 8 a.m. and 8 p.m. This system can also be utilized to send text alerts in the event of unexpected school closings, early dismissals, or emergencies. Text alerts can be sent at any time of day, but are only utilized in unusual or emergency situations, such as an early morning decision to delay or close school due to weather. Please indicate below which phone number you would like to utilize for parent messages. If you want to receive texts as described above, this number must be assigned to a text-enabled cell phone:

\_\_\_\_\_

Does Parent/Legal Guardian #2 have custody?  
If no, please explain and show appropriate court documentation to school.

Yes  No

\_\_\_\_\_

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

Please indicate who the student currently lives with:  
 Both Parents    Mother    Father    Stepparent\*    Foster Parent\*    Guardian\*    Other \*  
 \*appropriate documentation must be presented at time of enrollment if child lives with someone other than the parent/legal guardian. Please complete the information below if child lives with someone other than the legal parent/guardian.

_____	_____	_____
Last Name	First Name	Relationship
_____	_____	_____
Employer	Home Phone	Cell Phone
_____	_____	_____
Work Phone		

**Parent/Legal Guardian #1: If you want a stepparent to have access (verbal or written) to your child's records, you must complete a Consent for Access form in the presence of a school staff member.**

**Academic Information**

Last School Attended				
<input type="checkbox"/>	Public	<input type="checkbox"/>	Private	<input type="checkbox"/>
<input type="checkbox"/>	Home	<input type="checkbox"/>	Charter	
_____	_____	_____	_____	_____
Name of School	Address of School	City	State	Zip
_____	_____	_____	_____	_____
Phone #	Fax#	Dates of Attendance	Current Grade	

**4K and 5K Students ONLY Check the setting below that best describes the last school/childcare setting the student attended.**

<input type="checkbox"/>	None	<input type="checkbox"/>	Family Child Care Center (Home-Based)	<input type="checkbox"/>	Home w/Family Member
<input type="checkbox"/>	Center Based Care	<input type="checkbox"/>	Head Start	<input type="checkbox"/>	Home w/Non-Family Member

**High School Students ONLY List all other high schools the student has attended, beginning with the most recent.**

Name of School	City, State	Grade(s)	Dates of Attendance
_____	_____	_____	_____
_____	_____	_____	_____

**Home Language Survey Please answer the following questions about the student's language background.**

1 What is the first language your child learned to speak? _____	Do the parents/guardians read and speak English? Mother <input type="checkbox"/> Yes <input type="checkbox"/> No Father <input type="checkbox"/> Yes <input type="checkbox"/> No Guardians <input type="checkbox"/> Yes <input type="checkbox"/> No
2 What is the language your child speaks more often? _____	
3 What language is spoken most often in your home? _____	
4 Has the student ever received support for learning English? _____ <input type="checkbox"/> Yes <input type="checkbox"/> No	
5 What is the date your child first entered a U.S. School? _____	

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

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 Student Emergency 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**

# Student Transportation Request Form

2021-2022

NOTE: Magnet & Special Needs Transportation do not use this form. See your Coordinator/Case Manager.

Return this completed form to school office. Incomplete forms will not be processed.  
(Forms should be submitted if student is new or if address, school, or mode of transportation has changed)

School Name (Print): \_\_\_\_\_ Date: \_\_\_\_\_

Student's Name (Print): \_\_\_\_\_ Grade: \_\_\_\_\_

Apartment/Subdivision Name (Print): \_\_\_\_\_

Student's Street Address (Print): \_\_\_\_\_ Apt # \_\_\_\_\_

Student's City (Print): \_\_\_\_\_ Zip: \_\_\_\_\_

Alternate Transportation Address (Print): \_\_\_\_\_

### Arrival Method:

Regular Bus  (44)  
Car  (22)  
Day Care Bus  (99)  
Walk / Bicycle  (33)

### Departure Method:

Regular Bus  (44)  
Car  (22)  
Day Care Bus  (99)  
Walk / Bicycle  (33)

\*\*\*Ridership status and/or bus stops are subject to cancellation after five (5) consecutive school days of no ridership. If your child will be absent from bus service for more than five (5) days and you'd like to keep their status active, please notify the school office. Students must ride at least once every five (5) days in order to remain active.  
\*\*\*Requests received after July 15, 2021 may not be routed for the first day of school. Transportation for late forms will be implemented in the order in which they were received by the Transportation Office beginning September 7, 2021. After September 7, 2021 and during the school year, it may take up to 5 school days to establish transportation.

\*\*\*Buses are subject to arrive 10 minutes before or after the scheduled time.

Parent/Guardian Name (Print): \_\_\_\_\_ (Signature): \_\_\_\_\_

Parent/Guardian Contact Numbers:

1. Phone \_\_\_\_\_ (Number to receive automated messages/emergency/attendance info)
2. Phone \_\_\_\_\_ circle: Mom Dad Guardian \_\_\_\_\_
3. Phone \_\_\_\_\_ circle: Mom Dad Guardian \_\_\_\_\_

To be completed by School Officials

Enter & Verify in PowerSchool: \_\_\_\_\_ Address \_\_\_\_\_ Contact Information \_\_\_\_\_ Arrival/Departure Code \_\_\_\_\_

\*\*\*Initial once information has been entered & verified in Power School: \_\_\_\_\_

\*\*\*School: After entry in Powerschool, fax to appropriate Bus Center ONLY IF REGULAR BUS IS REQUESTED\*\*\*

AM Stop Location: \_\_\_\_\_ Rt: \_\_\_\_\_ Time: \_\_\_\_\_

PM Stop Location: \_\_\_\_\_ Rt: \_\_\_\_\_ Time: \_\_\_\_\_



## Home Language Survey (HLS)

The Civil Rights Act of 1964, Title VI, Language Minority Compliance Procedures, requires school districts and charter schools to determine the language(s) spoken in each student's home in order to identify their specific language needs. This information is essential in order for schools to provide meaningful instruction for all students as outlined in Plyer v. Doe, 457 U.S. 202 (1982).

The purpose of this survey is to determine the primary or home language of the student. This survey is given to all students enrolled in the school district/charter school. The HLS is administered once, upon initial enrollment in South Carolina, and should remain in the student's permanent record.

Please note that the answers to the survey below are student-specific. If a language other than English is recorded for ANY of the survey questions below, the appropriate identification screening assessment will be administered to determine whether or not the student qualifies for additional English language development support.

### Please answer the following questions regarding the language spoken by the student:

1. What is the language that the student first acquired? \_\_\_\_\_
  2. What language(s) is spoken most often by the student? \_\_\_\_\_
  3. What is the primary language used in the home, regardless of the language spoken by the student? \_\_\_\_\_
- \*4. In what language do you wish to have communication from the school? \_\_\_\_\_

Student Name: \_\_\_\_\_ Grade: \_\_\_\_\_  
Parent/Guardian Name: \_\_\_\_\_ Date: \_\_\_\_\_  
Parent/Guardian Signature: \_\_\_\_\_

Your signature above certifies that responses to the questions above are specific to your student. You understand that if a language other than English has been identified, your student will be tested to determine if they qualify for English language development services, to help them become fluent in English. If entered into the English language development program, your student will be entitled to services as an English learner and will be tested annually to determine their English language proficiency.

### For School Use Only:

School personnel who administered and explained the HLS and the placement of a student into an English language development program if a language other than English was indicated

Name: \_\_\_\_\_ Date: \_\_\_\_\_



**Early Childhood Prior Child Care--5K Students Only (Required for PowerSchool)**

*(Cuidado de Niños Anterior en la Niñez Temprana - Solo para Estudiantes de 5K--Requerido para PowerSchool)*

During **2020-21**, my child attends the following child care/preschool program (check one box below):

Public Program	Private Program
<input type="checkbox"/> Head Start	<input type="checkbox"/> Military Child Care
<input type="checkbox"/> 4K in a public school	<input type="checkbox"/> Faith-Based Center (church, synagogue, etc.)
<input type="checkbox"/> 4K CERDEP Program	<input type="checkbox"/> First Steps
	<input type="checkbox"/> Other Provider
	<input type="checkbox"/> Unknown
<b>Other:</b>	
<input type="checkbox"/> Family Child Care	
<input type="checkbox"/> None (my child was not enrolled in a program)	

Name of Program (e.g., Brushy Creek Elementary School 4K): \_\_\_\_\_

My child attends the program (check one)  full day  half day

Child's Name: \_\_\_\_\_

Parent/Guardian's Name: \_\_\_\_\_

Durante el **2020-21**, mi hijo/a asiste al siguiente programa pre-escolar (marque una de las opciones):

Programa Público	Programa Privado
<input type="checkbox"/> Head Start	<input type="checkbox"/> Guardería Militar
<input type="checkbox"/> 4K/PreK en una escuela pública	<input type="checkbox"/> Centro Religioso (iglesia, sinagoga, etc.)
<input type="checkbox"/> Programa 4K/CERDEP	<input type="checkbox"/> First Steps
	<input type="checkbox"/> Otro proveedor
	<input type="checkbox"/> Desconocido
<b>Otro:</b>	
<input type="checkbox"/> Cuidado infantil familiar	
<input type="checkbox"/> Ninguno (mi hijo/a no estaba inscrito en ningún programa)	

Nombre del programa (ejemplo: Brushy Creek Elementary School 4K) \_\_\_\_\_

Mi hijo/a asistió al programa (marque una)  día completo  medio día

Nombre del Estudiante: \_\_\_\_\_

Nombre del Padre/Tutor: \_\_\_\_\_