Greenville County Schools Student Enrollment Form						Entry Date
	Form 130-10/9.2010	Please print answers to a	<u> </u> questions:			
Student Information	Last Name First Name Home Address illing Address, if different:		Middle Name City	Suffix (Jr, III, etc)	Preferred Phone # for School Messages Note: The phone number listed above will receive automated messages from the school. This can be a home or cell number. Alternate Phone Number	
	Ethnicity and Race	Place of	Place of Birth		another school in	Transportation
	1) Are you Hispanic or Latino? Yes Asian	No	city, state OR country if not US		Greenville Co? If yes, name school on yes — no blank below: Bus	
	American Indian or Alaskan Native	Birthd		Grade Level	Gender	morning walk afternoon car
	☐ Native Hawai'ian or Pacific Islander ☐ White	1	1		M F	never daycare bus
/ Legal Guardian Information	Student Lives With: (check all that apply) Legal Father of Student: Last Name First Name Address (if different from student's) City, State Employer Signature if available		Legal Mother of S Last Name	oster Parent* Great Grea	ild's birth certificate or o	Other*
Parent /	*If student lives with someone Stepp	arent	t 🔲 Guard	lian	()
	(Appropriate documents should be presented at time of enrollment) Last Name	First Nam	e	your child's records, you form in the presence of a	will need to complete	
	Employer	Home Phone		Cell Phone		Work Phone

Questions:	Last School Attended:									
Social Security Number (for verification of SUNS)	Public Nan Private Nan Home	e of School Address of School			- Grade					
	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									
(optional)	N	ame of School	Cit	City, State		Dates of Attendance				
2. Has the student ever received ESOL (English for Speakers of Othe Language) services?										
Yes No 3. Are the student's parents migran	Has the student ever taken the HSAP Test (SC high school exit exam)?									
workers?	Siblings: list all other children in this family who <u>currently attend</u> a Greenville County school									
☐ Yes ☐ No	Last Name	First Name	Middle Name	Grade		School				
4. Does the student live in a foster home?										
☐ Yes ☐ No										
5. Does the student live in a group home?										
☐ Yes ☐ No	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									
if yes, name of home										
6. Is this student homeless?										
☐ Yes ☐ No										
Student Support Services (Spe	ecial Ed) Information:	Parents:			School Use					
Does the student receive Special E	d services: Yes No									
If Yes: ☐ IEP ☐ 504	Accommodation Plan		1. If your child has <u>medical issues</u> that the school should be							
The student receives services from	the following programs	 aware of, please list on the Emergency Information Form. 								
☐ deaf/hard of hearing ☐ mild	l/moderate mentally impaired	2. Please check your child's information on the Parent Porta								
☐ speech/language ☐ mod	derate/severe mentally impaired	periodically and notify the	ne school of any change							
physically impaired spe	cific learning disabilities	addresses, phone numb contacts, etc.	pers, transportation stat							
☐ visually impaired ☐ emo	otional/behavioral disordered									
other health impaired \Box mul	tiple									
☐ autism ☐ othe	er	Parent signature:								