

# ENOREE CAREER CENTER

## Information Form

for Homeschool, Private school, Charter school, or Satellite school students

**DIRECTIONS:** Please **print** all information **neatly** using a **DARK** pen. Fill in **ALL** blanks (write none or N/A if a blank does not apply to you).

Student's Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Middle Name: \_\_\_\_\_

Grade: \_\_\_\_\_ Gender:  Male  Female Birthdate: \_\_\_/\_\_\_/\_\_\_ Ethnicity: \_\_\_\_\_

Primary Contact Phone #: \_\_\_\_\_ Student Cell Phone #: (\_\_\_\_) \_\_\_\_\_

Enoree Course: \_\_\_\_\_ (AM or PM) Enoree Teacher: \_\_\_\_\_

Mother's Name: \_\_\_\_\_ Mother's Cell #: (\_\_\_\_) \_\_\_\_\_

Father's Name: \_\_\_\_\_ Father's Cell #: (\_\_\_\_) \_\_\_\_\_

Mailing Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Parent E-mail Address(es): \_\_\_\_\_

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Has this student ever been enrolled in Greenville County Schools?  YES  NO

If yes, what grade, year, and school? \_\_\_\_\_

Has the student ever received special education services or had a 504 Plan?  YES  NO

If yes, please provide details about the disability or need. \_\_\_\_\_

Name of Current Homeschool Association, Private School, or Charter School: \_\_\_\_\_

Name of contact person where grades should be sent: \_\_\_\_\_

Phone # of contact person: (\_\_\_\_) \_\_\_\_\_ Email for contact person: \_\_\_\_\_

\*PLEASE PROVIDE A COPY OF THIS STUDENT'S TRANSCRIPT  
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Emergency Contact Name: \_\_\_\_\_ Emergency Phone #: (\_\_\_\_) \_\_\_\_\_

Emergency Contact Name: \_\_\_\_\_ Emergency Phone #: (\_\_\_\_) \_\_\_\_\_

List any other information that we may need to know about your child:  
\_\_\_\_\_  
\_\_\_\_\_