

Greenville County Schools

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)

				Male	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	
1. Are you Hispanic or Latino? Yes No 2. Race: Check all that apply: American Indian or Alaskan Native Native Hawaiian or Pacific Islander Asian Black White	_____ Birthdate _____ Place of Birth (city, state OR country if not US)	

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

Parent/Legal Guardian #1	Parent/Legal Guardian #2
Mother Father	Mother Father
Last Name First Name Middle Name	Last Name First Name Middle Name
Home Address Check box if same as student address	Home Address 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
<i>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 cell phone number</i> _____	Does Parent/Legal Guardian #2 have custody? Yes No <i>If no, please explain and show appropriate court documentation to school.</i>

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

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	Public	Private	Home	Charter
_____	_____	_____	_____	_____
Name of School	Address of School		City	State
_____	_____		_____	_____
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.

None	Family Child Care Center (Home-Based)	Home w/Family Member
Center Based Care	Head Start	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
_____	_____	_____	_____
_____	_____	_____	_____

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
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Student Support Services (Special Ed) Information: Does the student receive special education services?		Yes	No
If yes, check which plan do they have:	Individual Education Plan (IEP)	504 Accommodation Plan	
<i>Please indicate your child's primary disability:</i>			
deaf/hard of hearing	visual impairment	mild intellectual disability	emotional disability
speech/language	other health impaired	deaf-blindness	multiple disabilities
orthopedic Impairment	autism	specific learning disability	other _____
developmental delay	traumatic Brain Injury	moderate/severe intellectual disability	
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
<i>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.</i>			

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

Parent Signature

Date

School Use/Notes/Alerts: Schools may use this section for notes or alerts