

Enrollment Information for Parents

Please note: To start the enrollment process a parent or legal guardian must be present and two proof of residency documents must be provided.

Please bring the following information with you to enroll the student:

- **Photo ID** from any state or country
- **Two current “proof of residency” documents** (all must contain property address)
These can be a combination of:
 - Current bills – i.e. electric, gas, water, cable
 - Current mortgage statement or current signed lease agreement with landlord’s name and phone number
- **Birth Certificate**
- **Signed Certificate of Immunization**, Conditional Certificate of Immunization or Religious Exemption Certificate
- Completed **Student Enrollment Form** (available from school)
- **Withdrawal or transfer form** from your previous school, along with most recent report card or transcript, including attendance, and discipline.
- If applicable, the following will be needed:
 - IEP or 504 Plan, if student receives any special accommodations
 - Court-ordered guardianship document

Once enrollment has been initiated, you will be required to fill out other forms such as Student Emergency Information, Transportation Status, and Internet Permission Form.

Enrollments involving unusual circumstances with residency or custody may require additional information and forms.

Original documents are required at time of enrollment; photocopies and partial pages may be unacceptable.

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)

Last Name _____ First Name _____ Middle Name _____ Suffix (Jr, III, etc) _____ Male Female

Home Address _____ City _____ Zip _____ Grade Level _____

Mailing Address, if different: _____

Ethnicity and Race

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

Birth Information

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	
Last Name _____	First Name _____	Last Name _____	First Name _____
Middle Name _____	Middle Name _____	Middle Name _____	Middle Name _____
Home Address _____	Home Address _____	Home Address _____	Home Address _____
City _____	City _____	City _____	City _____
State _____	State _____	State _____	State _____
Zip _____	Zip _____	Zip _____	Zip _____
Home Phone # _____	Home Phone # _____	Home Phone # _____	Home Phone # _____
Cell Phone # _____	Cell Phone # _____	Cell Phone # _____	Cell Phone # _____
Employer _____	Employer _____	Employer _____	Employer _____
Work Phone _____	Work Phone _____	Work Phone _____	Work Phone _____
Email Address _____	Email Address _____	Email Address _____	Email Address _____
<p>Does Parent/Legal Guardian #2 have custody? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If no, please explain and show appropriate court documentation to school.</p>			

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 <u>Consent for Access</u> 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"/> 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
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? <input type="checkbox"/> Yes <input type="checkbox"/> No				
If yes, check which plan do they have: <input type="checkbox"/> Individual Education Plan (IEP) <input type="checkbox"/> 504 Accommodation Plan				
<i>Please indicate your child's primary disability:</i>				
<input type="checkbox"/> deaf/hard of hearing	<input type="checkbox"/> visual impairment	<input type="checkbox"/> mild intellectual disability	<input type="checkbox"/>	<input type="checkbox"/> emotional disability
<input type="checkbox"/> speech/language	<input type="checkbox"/> other health impaired	<input type="checkbox"/> deaf-blindness	<input type="checkbox"/>	<input type="checkbox"/> multiple disabilities
<input type="checkbox"/> orthopedic Impairment	<input type="checkbox"/> autism	<input type="checkbox"/> specific learning disability	<input type="checkbox"/>	<input type="checkbox"/> other
<input type="checkbox"/> developmental delay	<input type="checkbox"/> traumatic Brain Injury	<input type="checkbox"/> moderate/severe intellectual disability		
Additional Information				
1 Does the student live in a foster home? <input type="checkbox"/> Yes <input type="checkbox"/> No				
2 Does the student live in a group home? If yes, which group home? _____ <input type="checkbox"/> Yes <input type="checkbox"/> No				
3 Is either parent or legal guardian on active duty in the military? <input type="checkbox"/> Yes <input type="checkbox"/> No				
4 Is either parent or legal guardian on active duty in the reserves or national guard? <input type="checkbox"/> Yes <input type="checkbox"/> No				
5 Has either parent or legal guardian worked as a civilian on federal property or live on federal property? <input type="checkbox"/> Yes <input type="checkbox"/> 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>				
<i>By signing this form, I attest that I have custody and educational authority for this child and have provided appropriate documentation.</i>				
Parent Signature _____				Date _____
School Use/Notes/Alerts: Schools may use this section for notes or alerts				



Enrollment Survey: Section I

Section I: This portion of the Enrollment Survey (ES) must be completed for *all* students upon first-time enrollment in South Carolina public schools and at registration each year.

Information collected within the ES is strictly for educational and program purposes. A local educational agency (LEA) must comply with Family Educational Rights and Privacy Act (FERPA) guidelines. Under federal law, all children, regardless of their citizenship or residency status, are entitled to equal access to free public education.

Student Name: _____

Date of Birth: _____

Today's Date: _____

Right to Translation and Interpretation Services

All families have the right to information about their student's education in a language they understand. An interpreter and translated documents **must** be provided by the district, free of charge when needed.

In what language(s) would your family prefer to communicate with the school?

Oral Communication Language(s): _____

Written Communication Language(s): _____

Title I, Part C: Education of Migratory Children & Youth

The Education of Migratory Children/Youth (MEP) is authorized by Title I, Part C of the Elementary and Secondary Education Act (ESEA), as amended by Every Student Succeeds Act (ESSA) of 2015. The MEP provides various educational services to families who work in agriculture and their children between the ages (0-21). This program is **free** to all eligible families and may include tutoring, free lunch eligibility, summer programs, parental involvement activities, and referrals to other services as needed.

In the last three (3) years, has anyone in your family moved from another school district, state, city, or country? Yes No

In the past six (6) years, has anyone in your family worked in any of the following occupations? This includes work related to logging, timber planting/growing, harvesting, food processing plant (such as poultry, pork, beef, or vegetable), packing houses (fruits and vegetables), dairy farms, or other general farm work not listed. Yes No



McKinney-Vento

This survey complies with the McKinney-Vento Act, U.S.C. 42 11431 *et seq.* Your answers will help determine if the student meets eligibility requirements for **free** services and educational rights provided under the McKinney-Vento Act, including immediate school enrollment, even if lacking required documents. Based on the residency option selected, this survey will be submitted to the district McKinney-Vento Liaison to determine eligibility.

What best describes where you live now?

- Single-family house/apartment/trailer
- Transitional Housing
- Living with others due to loss of housing or economic hardship
- Moving from place to place/couch surfing
- Car, park, or similar location
- Motel
- Camping grounds

- In a residence with inadequate facilities (no water, no heat, no electricity, no plumbing, overcrowded, infested, etc.)
- Agricultural camp
- Shelter
- Displaced by a natural disaster (hurricane, flood, etc.)
Disaster: _____
- Displaced due to COVID-19
- Other: _____



Enrollment Survey: Section II

Section II: This portion of the Enrollment Survey must be completed for *all* students upon first-time enrollment in South Carolina public schools and is not completed annually at registration.

Title III, Part A: Multilingual Learner Program (MLP) and Immigrant Children and Youth

The MLP program complies with Title III, Part A of the ESEA, as amended by ESSA. The MLP program provides various educational services to multilingual learners (MLs) and immigrant children and youth who may speak languages other than English. This program is free to all eligible students and provides support for language acquisition.

Home Language Survey (HLS)

School districts and charter schools are required to determine the language(s) spoken in each student's home to identify their specific language needs. The purpose of the HLS is to determine the primary or home language of the student and is given to all students one time at initial enrollment in a South Carolina public school district or charter school and should remain in the student's permanent record.

Information about the student's language helps to identify students who qualify for free support to develop the English language skills necessary for success. English language proficiency (ELP) testing may be necessary to determine if the student is eligible for language supports if a language other than English is recorded for any of the three HLS questions below. If the student qualifies, they will be entitled to services as an ML and will be assessed annually to determine their English language proficiency.

Families must fully understand the purpose and intent of the HLS and MLP program. **If you have any questions, you may contact your district's Title III/MLP Coordinator before completing the HLS.**

1. What is the language(s) that the **student** first acquired? _____
2. What language(s) is spoken most often by the **student**? _____
3. What is the **primary language(s) used in the home**, regardless of the language(s) spoken by the student? _____

Prior Education

In accordance with *Plyler v. Doe*, this form does not inquire about the immigration status of the student or family. The purpose of this form is to collect information about your student's prior education and pre-existing knowledge and skills.

Has the **student** received English language development support in a previous school? Yes No Don't Know

In what country was the **student** born? _____

If born outside of the United States, District of Columbia, or the Commonwealth of Puerto Rico, when did the **student** first attend a school in the United States?

Month _____ Day _____ Year _____

Parent/Guardian Name: _____

Parent/Guardian Signature: _____

Your signature certifies you have read the Title III, Part A information above and completed it to the best of your knowledge.



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 the **2021-2022 school year**, my child attended 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
Other:	
<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 2021-2022, 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
Otro:	
<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: _____

Student Transportation Request Form

2022-2023

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:

Departure Method:

Regular Bus (44)

Car (22)

Day Care Bus (99)

Walk / Bicycle (33)

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, 2022 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 6, 2022. After September 6, 2022 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 _____ Mom Dad Guardian _____

3. Phone _____ Mom Dad Guardian _____

To be completed by School Officials

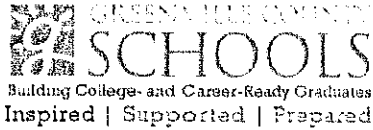
Enter & Verify in PowerSchool: Address Contact Information Arrival/Departure Code

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

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

AM Stop Location: _____ Rt: _____ Time: _____

PM Stop Location: _____ Rt: _____ Time: _____



Greenville County Schools

Bus Tag Application

(K4, K5, 1st Grade Students)

Parent Complete: Please print and return to the school office.

Student's Name: _____ School: _____

Parent/Guardian's Name: _____

Student's Address: _____

City: _____ Zip Code: _____

Subdivision: _____

Parent Phone Numbers:

Home: _____ Work: _____ Cell: _____

Emergency Contacts:

Name: _____

Name: _____

Home: _____

Home: _____

Work: _____

Work: _____

Cell: _____

Cell: _____

Name of Fourth/Fifth Grade Designee: _____

By signing this form the parent/guardian (or designee): **Bus Stop:** is accepting responsibility for the student at the bus stop and is responsible for meeting the bus at the designated stop time. (Buses are subject to arrive 10 minutes before or after the scheduled time.) The parent/guardian (or designee) must have the official card (provided by the school) matching their child's tag number in order for the driver to release the child to them. **School:** is authorizing the school to release their child to the emergency contact person(s) (with proper identification) listed above should there be unsuccessful attempts to reach the parent/guardian.

Parent/Guardian Signature: _____ Date: _____

For School Office Use Only	
Grade: _____	Teacher: _____
Rt. #: _____	Stop Location: _____
Student/Parent Tag #: _____	

(Retained By School)