DO NOT PURGE

CHARLESTON COUNTY SCHOOL DISTRICT STUDENT ENROLLMENT FORM

GRADES CD-12

Enrollment Date: _____

STUDENT INFORMATION

Grade: _____ Gender: ☐ Male ☐ Female *(place school stamp above)*

Last Name: _____ First Name _____ Middle Name _____

Student's Home Address _____ Home Phone _____
Street City State Zip Code

Student's Mailing Address _____
Street City State Zip Code

Area/Neighborhood _____ Daycare: ☐ No ☐Yes Name/Telephone: _____

Is your current residence temporary? ☐No ☐Yes If yes, complete the Affidavit of Residency form.

Previous Home Address _____
Street City State Zip Code

Previous School _____ First year in 9th grade *(High School ONLY)* _____

Previous CCSD School, if applicable _____

Date of Birth _____ City/State of Birth _____

ETHNICITY: Is this student Hispanic or Latino? ☐No ☐ Yes

RACE: *(At least one race must be selected, even if student is **Hispanic** or **Latino.** More than one race can be selected below.)*

☐American Indian or Alaska Native ☐Asian ☐Black or African American ☐Native Hawaiian or Other Pacific Islander ☐White or European Descent

PARENT/GUARDIAN(S) INFORMATION

Last Name _____ First Name _____ Relationship _____

Employer _____ _ Wk Phone/Extension _____

Home Address _____ Education: Last Grade *(optional)* _____

Home Phone _____ Cell Phone _____ Email Address _____

DAYTIME PHONE FOR ABSENCE CALLS _____ EVENING PHONE FOR ABSENCE CALLS _____

Last Name _____ First Name _____ Relationship _____

Employer _____ _ Wk Phone/Extension _____

Home Address _____ Education: Last Grade *(optional)* _____

Home Phone _____ Cell Phone _____ Email Address _____

DAYTIME PHONE FOR ABSENCE CALLS _____ EVENING PHONE FOR ABSENCE CALLS _____

FAMILY INFORMATION

Student lives with (Name) _____

Relationship *(Check all that apply)*
☐Mother ☐Father ☐Step-Mother ☐Step-Father ☐Foster Mother ☐Foster Father ☐Legal Guardian
☐Other *(please explain)* _____

Note: If guardian, legal *guardianship* papers must be provided and approved at the time of registration and if there is a legal *custody agreement*, documentation must be provided as part of cumulative records.

Is either parent/guardian that the student lives with Active Duty Military? ☐No ☐Yes If yes, which military branch _____

Is the student currently residing in ☐Group Home ☐Residential Treatment Facility
If yes, provide the name of the facility _____

Please list any other children/siblings that live at this residence (even if not in school):

Name _____ Age _____ Grade _____ School _____

Name _____ Age _____ Grade _____ School _____

Name _____ Age _____ Grade _____ School _____

Name _____ Age _____ Grade _____ School _____

ADDITIONAL INFORMATION

Has the student repeated a grade(s)? ☐ Yes, grade(s) _____ ☐ No Did the student attend Kindergarten? ☐ Yes ☐ No Has the student ever been expelled? ☐ Yes ☐ No Grade expelled _____	Does the student wear: *(check all that apply)* ☐ Prescription glasses ☐ Contact lens ☐ Hearing aid ☐ None ☐ Other:_____	Does the student have a *(check all that apply)* ☐ 504 Plan ☐ Gifted/Talented designation ☐ Migrant designation ☐ NCLB Transfer ☐ District approved transfer
Has the student *ever* received special education services for speech, visual impairment or other disability requiring an IEP? ☐ Yes ☐ No	If student has an IEP please specify: ☐ Resource ☐ Inclusion ☐ Self-Contained ☐ Pre-School Intervention ☐ Consultative	Area of Disability: *(check all that apply)* ☐ LD ☐ Visually Impaired ☐ ED ☐ Hearing Impaired ☐ EMD ☐ OHI (medical condition) ☐ TMD ☐ Orthopedic Impaired ☐ PMD ☐ Speech/Language ☐ DD ☐ Other: _____

HOME LANGUAGE SURVEY

English Speakers of Other Language (ESOL)

1. What language did your child learn when he/she first began to speak? _____

(If the answer is English, please disregard questions 2, 3, and 4)

2. In which language do you prefer to receive correspondence from the school? _____
3. If your child was not born in the USA, in what country was he/she born? _____
4. What date did your child first begin school in the United States? _____

TRANSPORTATION

Student will ride school bus in the morning ☐No ☐Yes AM Bus# _____

Student will ride school bus in the afternoon ☐ No ☐ Yes PM Bus#_____

Car Rider in the morning ☐No ☐Yes

Car Rider in the afternoon ☐No ☐Yes

Other: ☐ Parent ☐Day Care Bus ☐Van ☐Walker

All information on this form is correct to the best of my knowledge.

Parent/Guardian Signature: _____ **Date:** _____

THIS SPACE FOR OFFICE USE ONLY **Cumulative File Reviewed** _____

Asked parent if student receives/has received SPED services _____ Notified SPED teacher if student has or had an IEP _____

2 Proofs of Residence _____ Legal Guardianship Papers ____ Homeroom Assigned _____

Records Requested _____ Teacher Assigned _____ State Birth Certificate_____

Enrollment Date_____ Bus Number/Car Rider _____ SC Immunization _____

Military _____ Media Release _____

(Put your school information in this space)

REQUEST FOR RECORDS

Requesting Records From: _____
School

_____
Street City State Zip Code

_____ _____
School Contact & Title School Phone/Fax Number

The following student has enrolled in our school on _____.

Student's Full Name: _____ Date of Birth: _____

Grade: _____ State ID: _____ Power School ID: _____

Please forward the following information:

____ Transcript ____ Discipline Record ____ IEP/Due process folder
____ Withdrawal Form ____ Attendance Record ____ Psychological
____ Standardized test scores ____ Birth Certificate ____ 504
____ Cumulative Folder ____ Immunization certificate ____ IGP/Career Assessment
____ Complete numeric grades to date of withdrawal
____ Other _____

Parental permission is no longer required when authorized school personnel request records. (Family Education Act, Final Rule on Education Records. Federal registration, June 17, 1976 Vol. 41 No. 118 Page 24673). It states that the school officials including teachers within the educational institutions and officials of other school systems in which the student may intend to enroll, may receive school records without written consent for such releases.

School Designee: _____ Date: _____

Parent/Guardian Signature (Optional): _____ Date: _____

DATE: 1st Attempt _____ 2nd Attempt _____ 3rd Attempt _____